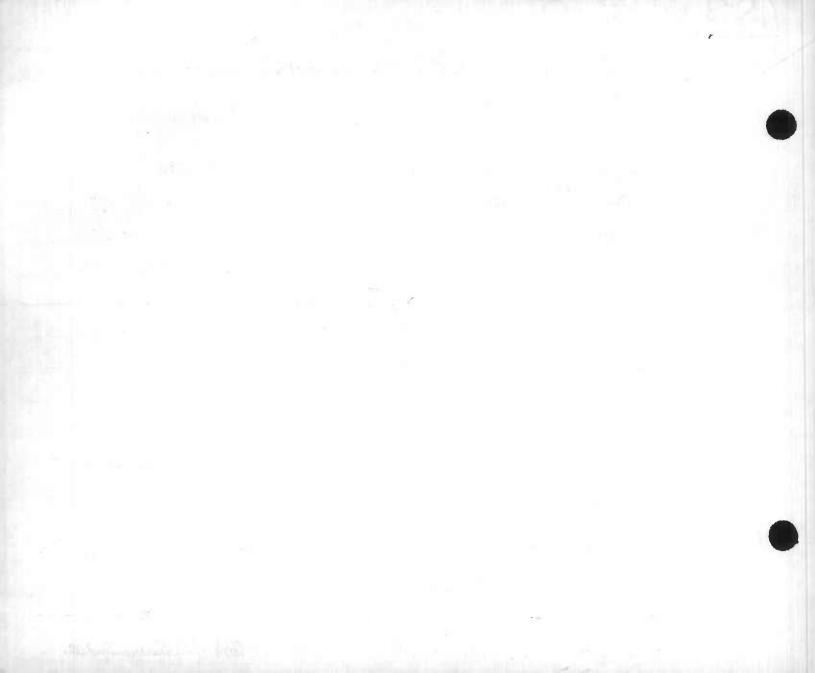
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201	J
	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within a their death. Page 4 may be retained by the haspital or ottending physician.	and for
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician one comparing this are by the funeral directer, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Poper 1 and 5 february after death	poge 3
with the State Depti of Health and Mantail Hydrania princing buriol, cremation, or remarkal	

- 1	Film G593 item #	8 7/18/84 r	ja state	OF MARYLAND				
1	FOR - STATE REGISTRAR	DEI		EALTH AND MENTAL HYG ICATE OF DEATH	0 4	1	7 5 0) ,
1.0	DECEASED NAME FIRST	WIDDIE	U	AST	REG. NO	AONTH DAY	YEAR 26 HOL	JR
(1)	YPE OR PRINTS ARTHL	IR VE	RNON	ADAMS	June 13,	1984		,
1.5	SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY) IF UND	ER I YEAR IF UNDER	24 HRS
L	male	white	June	e 24, 1911	72	YRS.		Miles
57	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR			
	aryland	USA	WIDOWE	D DIVORCED		Washin		M
Ин	agerstown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVI Washington	County		(TYPE OF WORK FOR MOST OF Optometh	WORKING LIFE) IN	L KIND OF BUSINE DUSTRY	ESS OF
Us Di	SUAL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Route	ZIP CODE	0.00	4
4	Maryland Was	hington Hage	erstown	YES NO X		4, Box	358 2	174
1//	FIRST	MIDDLE LA		FIRST	WIDDLE	Cha	LAST	
160	Vernon WAS DECEASED EVER IN U.S. AR		L SECURITY NO.	Mary 17 INFORMANT	ADDRES		uffer	
/ .	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)			domo Uoss		MA al	
	No .		9-2588	Mrs. Dolly A	dams, Flage	rstown,	APPROXIMATE INTER	RVAL
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY	AUT	2 RECDIRA	TARL bail	INF	BETWEEN ONSET AND	DEATH
-1	IMMEDIA	TE CAUSE (o)	170010	1000 1100	.0.0	VICE		
	Conditions, if any, which	DUE TO, OR AS A CON	SEGUENCE	- AMASS AM	1			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SECULENCE OF					
	underlying cause lost	(c)	35 4051465 01					
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART lia	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USEI	D
7 ≝					YES T NOT	IN CERTIFYING YES	CAUSES OF DEAT	
T W	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I O	R PART 2)	
1 1∃	OR CONTRIBUTING CAUSE OF DE	AIII	DAT TEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE FARM FIC)	211 LOCATION STREET	CITY OR TOW	in ci	OUNTY S	STATE
1	AT WORK NOT WHILE AT WORK							
	22a I certify that (1) (this hosp			. 19	, to	. 19	, that (I) (
	grw the deceased blive on above, It (we trdid (did as	ot) view the body after death.		d that in (my) (our) apinion o	death occurred on the dat			oted
- 1	77h SIGNATURE	COL LOA	ma 1	DEGREE ATTENDING	MEDICAL STAFF	1	20 DATE SIGNED	
-	224 PHYSICIAN'S NAME INFE	10>100	_(VW)		DIRECTOR PHYSICI		0/14/2	7_
	224 PHTSICIAN S NAME (1996)	TOUSTER		ZZe. ADDRESS				
		123b. DATE	I 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BURIAL, CREMATION, REMOVAL				- CITY OF LOWN	C (2) (4)	MIY «	STATE
bi	urial	une 14, 198	Rest	Haven Cem.	Hagerstov			ind
b1		une 14, 198 CH FUNERAL	Rest HOME	Haven Cem.	REC'D. BY REGISTRAR 2			ind



E DIMINED THERE IN G. S. 16/20/84 The in France will M. K. THE STATE OF THE STATE OF AND THOUSAND THE

				FMARYLAND		
11-	FOR STATE		PARTMENT OF HEAL		34 63	7 5 0 5
	REGISTRAR	MEDI	CAL EXAMINER'S	CERTIFICATE C	F DEXTH REG. NO	
	CEASED NAME FIRS	A	AIDDLE	LAST	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
		NDON -	James	ARTZ	DEATH MATED	TUN 3010848A
3 SE		S DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER TYR. IF UNDER		MONTH DAY YEAR 24. HOU
	m W	Dec 25	SI 2 YRS.	DAYS HOURS	MIN. PRONOUNCED DEAD	JUN 30 1854 8AM
	IRTHPLACE (STATE OR	76. CITIZEN OF WHA	T COUNTRY2		9. BALTIMORE CITY O	
	oreign country)	USA		RRIED NEVER MARRI	6-0	— NI
	ITY OR TOWN OF DEATH		TAL, NURSING HOME, OR C		120. USUAL OCCUPATION (TYPE	OF WORK 126 KIND OF BUSINESS
u.	acovatorm		ITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	agerstown AL RESIDENCE (IF IN NURSING HO		n County Hosp	oitai		
	STATE 136 CC	YTAU	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	0.1.0
		shington	Boonsboro			21713
14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
-	James	Cohen	Artz	Karriss		Kurtz
160	WAS DECEASED EVER IN U.S. YES, NO. OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	no			James C.A.	rtz (item13 abov	ve)
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	r only one couse per line fa	r (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DIATE CAUSE (a)	ANNYX	100		HRS
7	19108	DUE TO, OR AS	A CONSEQUENCE OF			
1	Canditions, if any, wl		druwn	1 Kel		
	cause (a) stating the un		A CONSEQUENCE OF	0		
	lying cause last.	(c)				
	PART 2 OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING 10 OFATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PA	RT 1 (a)	
NO	- 10 m - 10 m					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
H		and the second				YES NO.
E E	210. EXTERNAL CAUSE WAS			HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	
	UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH 2 P.M.	AONTH DAY YEAR	Garad 14 6	Lucia Sterre	mad
MEDICAL	214 INJURY OCCURRED	21e PLACE OF	INJURY (ATHOME. 211	LOCATION	The supple	· ·
X	WHILE NOT WHILE	STREET, FACTOR	Y. FARM, ETC.]	STREET A	Core Die Istaliane	COUNTY STATE
	AT WORK AT WORK	1 110142	e pool	2.103 179	STERA DE WILLING	of wish in
	22a. I certify that I took c	narge of the remains descri	bed above, held an Au	topsy, Inspectio	n XI. Inquiry XI, and	d in my opinion
1	death resulted from:	otural couses, A	ccident Suicide	, Homicide	Undetermined manner,	
1	ACTUAL C	41/10	ante-	TITLE (SPECIFY)		2 1 2 - m
1	SIGNATURE	10.0.0	See Miles Co.	M.D. Lep	MEDICAL EXAMINER	DATE SIGNED JUN 30 87
1	EXAMINER'S NAME	11 8/ 14	6 -	-1.	A. A.	1. T 4.0
	(TYPE OR PRINT)	HIN. W	(RE)	_ADDRESS 480 N	IN MONINON IN	efficient that
23a.E	BURIAL, CREMATION, REMOVA		23t. NAME OF CEMETER	Y OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
	Burial	Jul.3,1984	Riverview (ashingtonMaryland
24 F	UNERAL DIRECTOR	ADDRESS	Carried Wall	250. DATE		STRAR'S SIGNATURE
Ma	ajor M.Osborne	Williamsp	ort,MD 21795	JUL	5 1984 Julia Day	vidson-Randelle

Special Street THE PERSON DAY SERVICE AS A SECOND DESCRIPTION OF THE PERSON DESCRIPTI

FOR STATE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIEN** CERTIFICATE OF DEATH

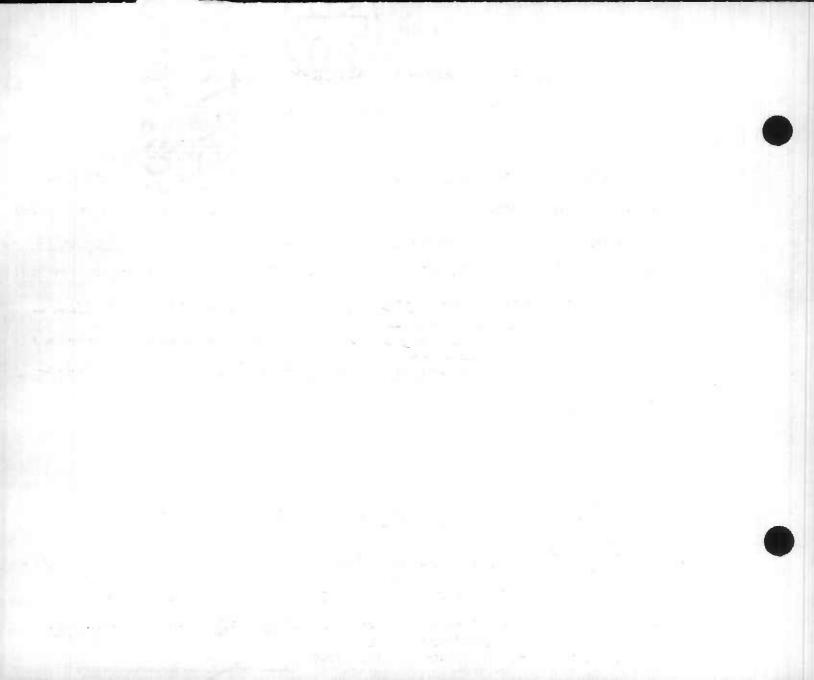
IE	8	hin

	REGISTRAR				CERTIN	ICAIL OI DEATH	RE	G. NO.		
	EASED NAME	FIRST		MIDDLE	1	LAST	20 DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
	OR PRINT)	Will	iam	Freel a	nd	ANKENEY	June 19	<u> </u>		м
3. SEX			4. RACE		5. DATE C		6. AGE IN YEARS !	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	ale		whit			rch 9, 1899	85	YRS		HOURS MIN.
	CIHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE C	TY OR COUN	TY OF DEATH	
	aryland		USA		WIDOWE		Wash	ington		MD.
_	TY OR TOWN OF DE	ATH			NG HOME C	OR OTHER INSTITUTION	12a USUAL OCC			F BUSINESS OR
-	agerstown		1020	Pope Ave	enue		engine			road
13a S	L RESIDENCE (# NUR	136 COUP		GIVE RESIDENCE BEFOR		1134 INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	DE	
M	aryland	Wash	nington	Hagerst		YES 📉 NO 🗌			Avenue	21740
14. FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MID	DLE	LAS1	1
	Howard		N.	Anker		Ella			Dav	/is
	(AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT		DDRESS		
N		1	t was Or Dailed	717-07-	9407M	Robert E	. Ankene	y, Jr.	Hagerst	own,Md.
CERTIFICATION	Conditions, if ony gove rise to im couse (o), stoliunderlying couse PART 2 OTHER SIG	, which mediate ng the e lost.	DUE TO, O OUE TO, O (c) CONDITIONS C	Chnontributing to	DEATH BUT	Lius ha	ent formal disease or		y y	MATÉ RIVERVAL DINSEI AND DEATH
TIFIC/	DATE OF OFERA	TION .	176 COND	THOR TOR WITHER	OPERATIO	WAS PERI ORMED	YES NO	IN CER	TIFYING CAUSES	
MEDICAL CE	27a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY that (I Sow the deceas above, (I) (we) (22b SIGN 22	CAUSE OF DEALEXAMINED HILE DORK (this hospiced olive on	21e PLACE [AT HOME ST	M. MONTH D M. OF INJURY REEL FACTORY OFFICE The deceased from Other Geoth.	FARM ETC)	216 HOW INJURY OCCUR 211 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET ATTENDING PHYSICIAN 226 ADDRESS	cir	the date and h	COUNTY . 19 9 4 , 1	
	URIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		a.Wash.	STATE
D	uriai		June 2	2,1984	St. Pa	aul's Cemeter	v Llear	Spripe	wash.	IVLO

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR
415 E. WII (VRA 15, 4)

June 22, 1984 St. Paul's Cemeter CERMATORY St. Paul's Cemeter ECTOR MINNICH FUNERAL HOME
Wilson Blvd., Hagerstown, Md. 21740



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

12b. KIND OF BUSINESS OR

2b. HOUR

3:45PM

IF UNDER 24 HRS

Home

IF UNDER TYEAR

INDUSTRY

REG. NO.

IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY

22r. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTO NA ME

Davis Funeral

FOR

REGISTRAR

- STATE

Cremation

June 10, 1984 Smithsburg Crematory

Home, Smithsburg.

Smithshure

COUNTY

STATE

riest, L. ve. 1 to 15 oir end to be maintaine to the course magnification The state of the s - 111v-12-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 , 1-12 rvin suri line, stingour, so cive, sur cive, sur cive

Robert L. Spencer - Harpers Ferry, WV 25425

(VRA 15, 4) 1/79

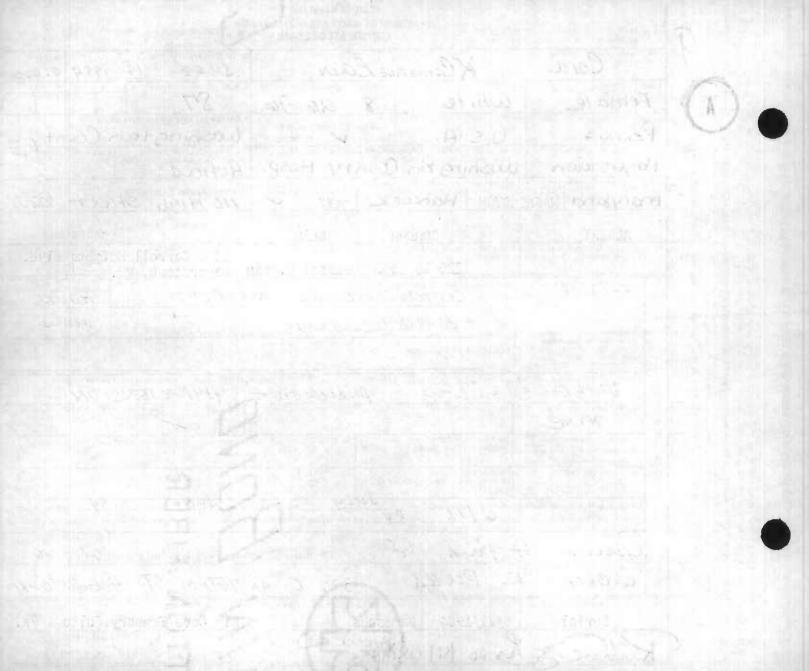
ha Laydson-Har

. vonued nearingless Minerallic no t error - jaming Found TOWN THE PARTY AND THE PARTY OF Tes was a sound of the contract of the contrac STEEL NOT THE PROPERTY OF THE PROPERTY AND ASSESSED AS A STATE OF THE PROPERTY AS A STATE OF THE PROPE the senting of the se College Colleg

(VRA 15, 4)

Curio Paridam Banda DO

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH WILLHAM AMES 4. RACE A. AGE (IN YEARS LAST BIRTHDAY MONTH DAY YEAR 50 34 75 CITIZEN OF WHAT COUNTRY?

DAYS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED West Virginia USA Washington DIVORCED IX WIDOWED I. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ribbon co. Washington County Hospital ianitor Hagerstown 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 615 George St. 21740 Washington | Hagerstown YES X NO I Maryland 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME William Barthlow Butts Alvev Susan James 220-28-3762 Dennis Barthlow, Boonsboro, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) CAR DIAC ARREST IMMEDIATE CAUSE (a) YO CARDIAL INTARCTION DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) STREET NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not be above, 1) and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 27b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING

22d HYSICIANS NAME LEVE OF PRINT 22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

June 22,1984 Fairview Cemetery

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Keedysville, Wash., Maryland

burial

230 BURIAL CREMATION, REMOVAL

MPORTANI

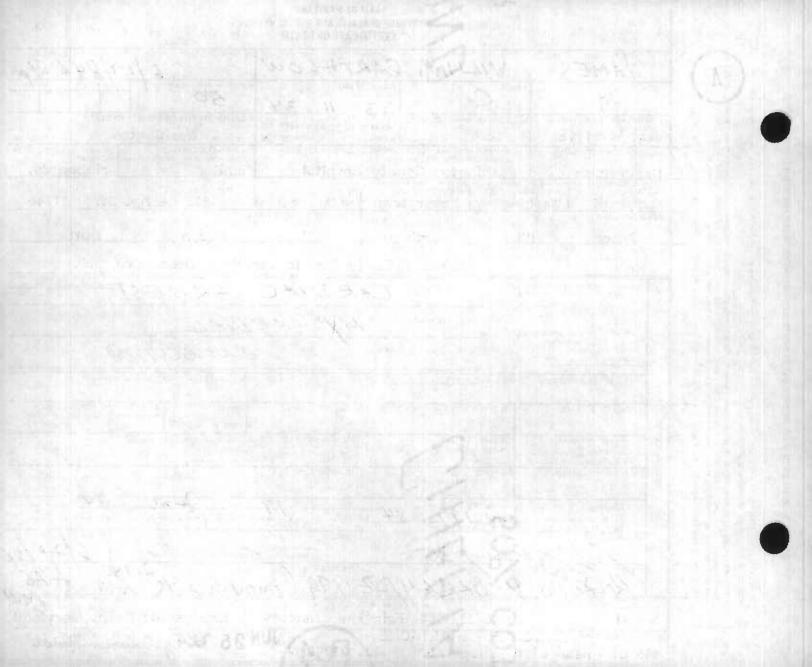
should be

FOR

24 FUNERAL DIRECTORMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 1984 Film Daydson Handale

STAFF

DHMH - 16 50M 4/82 (VRA 15. 4)



1	1				STATE OF	MARYLAND				
	1.	FOR STATE		DEPARTM	ENT OF HEAI	TH AND MENTAL I	HYGIENE 8 4	4	1 -)
-	" -	REGISTRAR			CERTIFICA	ATE OF DEATH		REG. NO.		
		EASED NAME FIRST	MIDI	DLE	LAST		2a. DATE OF D		DAY YEAR	
onth.		Aaron	Way	ne 5	ENCI	HOFF		6	12/84	728 AM
	3 SE)	Male	White		NOV.	1897 YEAR	6 AGE (IN YEAR		MONTHS DA	
V V 7	Zer#81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	R		9 BALTIMORE	CITY OR COU		1
fune thin 7	Ed	gemont, Md.	U. S. A		MARRIED WIDOWED	NEVER MARRIED DIVORCED	Wasi	2ing 1	ton	MD.
0 0 2 0		TY OR TOWN OF DEATH		SPITAL, NURSING		THER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKIN	12b. KIN IG LIFE) INDUST	
S 8 9		gerstown IL RESIDENCE (IF NURSING HOME O	AVALOX	7 1/10	nor		raimer	- Kalli	oader	Farming
hin 24 haurr lly filled in t should be fi		TATE TYLAND TYLAND	hington 13	CITY OR TOWN Hagersto	WIN 136	I INSIDE CITY LIMITS	13. STREET AD 2433 F	PRESS / ZIP CO	Rd. 2	21740
	14. FA	THER'S NAME			15.	MOTHER'S MAIDEN				
completion of examination of examina		Aaron	Wayne	Benchof		Mettie		G.	Hart	augh
e execu	16a. V	(AS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	b SOCIAL SECUR	ITY NO. 17	INFORMAN Nan	cy	ADDRESS	Donner	prooke Dr.
S. Page	Ye		W. One	705-10-6	824	Mrs. Wady	J. Athert			
g physicia an papers emaval.		18 CAUSE OF DEATH (Enter o	nly one couse per lin	e for (a), (b), and	(c'.)			nag	BETW	OXIMAN INTERVAL EEN ONSET AND DEATH
certificate ing physici rban paper ir remaval. ic event, th		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (o)							
ding orba or re		5850		S A CONSEQUEN	NCE OF .					
death attend ave co ave co arian, c		Conditions, if any, which	(b)		U	remia			We	19/45
if the deat y the atter e remave c crematian, ther traum		gove rise to immediate cause (a), stating the	DUE TO OP A	S A CONSEQUEN	NCE OF		0			
0 0 0 0		underlying couse lost.	(6)	S A CONSEGUE	MA	DUT'C AD	val ta	2 une	144	R
		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	EATH BUT NO	T RELATED TO THE T	ERMINAL DISEASE O	OR CONDITION	GIVEN IN PART	T No.
sign Then to bu	N O	ACCUB					*			
been mit. I prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	ON FOR WHICH C	PERATION V	VAS PERFORMED	20a AUTOP	Y? 206. IF	YES, WERE FIN	DINGS USED
has has	Ę						YES 🗀 🖪	VOICE INCE	YES	SES OF DEATH?
IVSICIAN: The Identity of	E.	210. ACCIDENT WAS UNDERLYING			21	L HOW INJURY OCC			18 PART I OR PART	
SICIAN - T ng physici certificate riral-transi entol Hygi		OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY	Y YEAR					
ding ding ding disce burie ar He	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY		LOCATION				
NG PH After that as the lith and arked a	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET	, FACTORY, OFFICE, FAR	RM, ETC)	SIREET		CITY OR TOWN	COUNTY	STATE
O' O O' O O' O O' O O' O' O' O' O' O' O'		220 certify that (I) (this hasp	utal) attended the o	lecensed from		10 \$	7 10	6-11	10 011	, that (I) (we) lost
TTEN proof for us of He		sow the deceased alive or	6-15	19	Oct ond th	hat in (my) (our) opin	ion death occurred	on the date and	hour and from	
	l	above, (1) (we) (did) (did no 22b. SIGNATURE	at) view the body of	ter death.	DEC	GREE			22c D	ATE SIGNED
- L . J		W- 10	My M			ATTENDINI PHYSICIAI		STAFF PHYSICIAN	6-	12-00
HOSPITAL med by th FUNERAL wild be deta th the Stote	l	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22	e ADDRESS	ο Λ		4	- /1
TO HOSPITAL etained by to TO FUNERAL should be det with the Store MAPORTANT:		W. T. K	ANG	Yan		1827	Va A	10 - H	arons	0000/Ry
	230 B	URIAL, CREMATION, REMOVAL				ETERY OR CREMATO	CITY OR	TOWN	County	STATE
BP		Burial	6-15-8	4 Во	onsbor	o Cemetery	Boor	sboro,		
DHMH - 16 50M 4/83		INERAL DIRECTOR		ADDRESS		250	DATE REC'D. BY REC	ISTRAR 251° REC	GISTRAR'S SIGN	VATERE 100
(VRA 15, 4)	J	ohn H. Bast, J	r. Boon	sboro, M	d. 217	13		1		

The discontinue of the same of The second secon

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

FOR

Male Dec. 30 1932 and the same of th in I will be a second of the s dweet arant to a crosseraw attract . All the Joseph E. E. Endder Doroth, H. Jasob You are an allege and the country and the second and the average as a second First Cartain at the defent of the court with the Burney of the court of Comment of the state of the sta

NMN)

CHARLES

INDUSTRY Church 21740 13e STREET ADDRESS / ZIP CODE 812 Spruce Street Gerlin 812 Spruce Street Hagerstown. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ours TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF MULTY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN Burial 6-4-82 Bakersville, Washington, Mi. Bakersville Cemetery 24 FUNERAL DIRECTOR wha Davidson-Handell A. K. Coffman Funeral Home, Ic., Hagerstown, DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

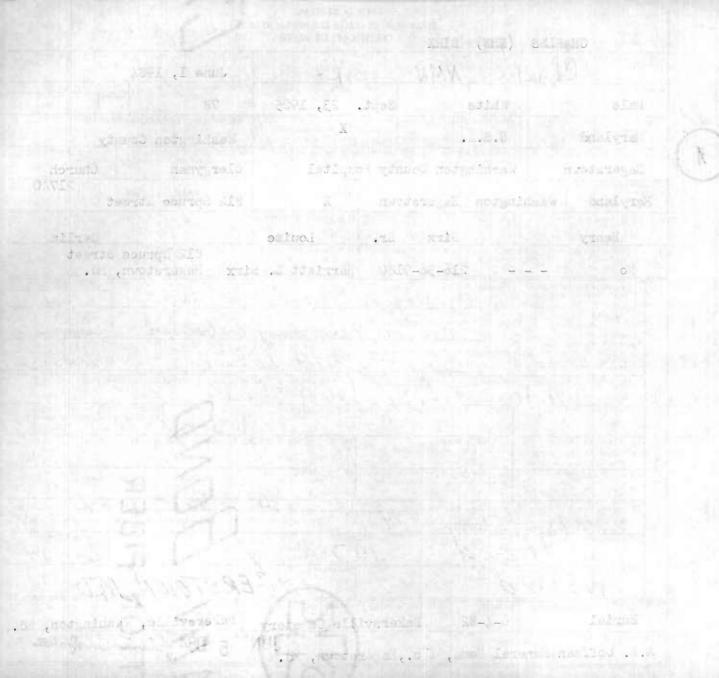
12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

FOR

- STATE



(VRA 15, 4)

DELTE !		(3))
30-10-		
-01		Town.
100		
arged a	CONTROL OF THE AND DAVID OF A STAR STAR STAR STAR	
Land L		
- Alekania	AND TAME TO STAN THE PROPERTY OF THE PROPERTY	

			S.	TATE OF MARYLA	ND		4 4	
/ I - S	OR TATE EGISTRAR			OF HEALTH AND M		8 4 REG. NO.	751	2
1. DECEA		WIDDIE	4.00	(AST	20. 0	DATE OF DEATH MONTH	13/8/1	HOUR
3. SEX	EMI	EDW/		BRACK ITE OF BIRTH	6. AC	GE (IN YEARS LAST BIRTHDA)	THEORET SAN ST	INDER 24 HS
- 11	ALE	WHITE	M	04 06	YEAR 17	67 VR	MONTHS DAYS HO	HINS MIN.
7s HIRTH	HPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		- 9 B/	ALTIMORE CITY OR COUN	ITY OF DEATH	
200	IARYLAND	U.S.A		RRIED 🔀 NEVER M DWED 🗍 DIV	ORCED	Washington		ME
	OR TOWN OF DEATH	11. NAME OF HOSPI		ME OR OTHER INSTI	TUTION 120	USUAL OCCUPATION	12b. KIND OF BU	-
	gerstown	Western N	Maryland (Center		GR-INSPECTOR		CORP
USUAL I 13a. STA	RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE REJUNTY 13c. C	ESIDENCE BEFORE ADMISS	ION) 13d. INSIDE C11	TY LIMITS? 138.5	TREET ADDRESS / ZIP CO	ODE	
MA	RYLAND -		ALTIMORE	YES 🛣	NO [] 3	928 COLCHEST		1229
4. FATH	ER'S NAME FIRST	WIDDIE	LAST		MAIDEN NAME	MIDDLE	LAST	
	EDWARD		BRACK		DA	100000	GIESE	
	S DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	SOCIAL SECURITY N			ADDRESS		
E N	CAUSE OF DEATH (Enter		17-05-533	6 EMMAE	(SUE) BRA	CK 3928 COLC	HESTER RD. APPROXIMATI BETWEEN ONSE	
er fro	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	MCONSEQUENCE C	lary	Cella	pre	2 d	lay ele.
NO NO	ART 2 OTHER SIGNIFICAN' BLAM DATE OF OPERATION 5/20/54	Atem)	FORWHICH OPERA	ation was perfor	liftles	a AUTOPSY? 200. IF		
7	OR CONTRIBUTING CAUSE OF	EATH HOUR A.M.	MONTH DAY Y	EAR	OKT OCCURRED (ENTER NATURE OF INJURY IN ITEM	IB PART (OR PART 2)	
WEDI 21	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE NOTIFY MEDICAL EXAMINATION OF	21e PLACE OF IN		211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE
27 27	a L certify that (K (this has saw the deceased alive a abave, (h (xex) did) has				, 19 <u>\$2</u> , XX) opinian death	occurred an me date and	hour and from the cau	
+	The SIGNATURE	larie Co	In	MU P		DICAL STAFF	6/13	184
MPORT	ROSE MY	HRIE CH	HAN	Jon Address	emsylv	ania Rue.	Hagers	ten
(SPE	RIAL, CREMATION, REMOVA		100	OF CEMETERY OR C		ELOCATION CITY OR TOWN	MAN MAD	STATE NO
	BURIAL	06-18-84	GOVAN	S PRES. C	n. CEM.	BALTIMORE CI	LI MAK	YLAND
	ERAL DIRECTOR			21229	250. DATE REC	BY REGISTRAR 251	STRAR'S SIGNATURE	1

Cardiovers with a langer. their benezie Kirulettyn, Chilleger bent Jules frilus S 783 5-01 Bresin Stein Johancton - Ventileto dependent 5/20/84 Brehmin warous leftles X the Marie Chara M.D. ROSE WARRE CHAM I SOM SOM FOLLOW THE ENSTRUM with the country of t

STATE OF MARYLAND

- 1				31 A I	EUPMAKILA	NU		1 1	1
	1	FOR STATE REGISTRAR	DEPART		EALTH AND W		REG. NO.	2	
	1 DEC	CEASED NAME FIRST	MIDDLE	1	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR/ 17
		OR PRINT! Chester	WARFIELD B	ran	S		6/20/04	,	10 PM
	1.50	X .	4. RACE	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
		M	CRUC.	MONTH	19	12	7/ YRS	MONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B.	D NEVER M	ARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
1	Vi	rginia	United States	WIDOWE	DN DIV	ORCED	TIZO USUAL OCCUPATION	0.	MD.
a	10. (.)	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		DK OTHER INST	TUTION	TYPE OF WORK FOR MOST OF WORKING	126 KIND (
7	N	AgERSTONN	mash	0 1	1000.		Owner Operator-	Radiato	r & Glass
-		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CI	TV I IAA ITS 2	13e.STREET ADDRESS / ZIP COL	ne .	
2	777		ngton Hancock	/14		NO	220 Penna. Ave		21750
	_	ATHER'S NAME	ng con I hancock		15 MOTHER'S			IIUE	21/30
1			MIDDLE LAST			IRST .	MIDDLE		AST
1	-	Edward Bru			Octa		Priscilla	Zil	er
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMAN	41	7 Fernwoo	d Lane	
١		No	216-10-	9017	Robert	W. Bra	nnon Hagerstow		21740
		18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), ar	die 1	Λ	2	11	BETWEEN	XIMATE INTERVAL
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	6	4NCE	n of	LUNG		
Н		IMMEDIA		100					
	Per	Indiana in the little of	DUE TO, OR AS A CONSEOU	ENCE OF		,			
ы		Canditions, if any, which gove rise to immediate	(b)						
ч	1	cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
-1	100	underlying cause last.	(c)						
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART I	10
-	CERTIFICATION	ALCOHOLDS CO.							
7	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	RWED	20a AUTOPSY? 20b. IF Y	ES, WERE FIND!	INGS USED
	1							YES [NO [
5	H.	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW IN	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM TE	PART I OR PART ?)	
f	India Tarkii	OR CONTRIBUTING CAUSE OF DE							
	Ö	214 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATIO	N			
	MEDICAL		LAT HOME STREET, FACTORY, OFFICE.	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK			100	/,	()	2/	
	150	22a 1 certify that (1) (this haspi	ital) attended the detensed fram.	91,	19/	119		19 04	, that (1) (we) fast
		w the deceased alive an			nd that in (my) (our) apinion o	death occurred on the date and ho	our and Iram the	e causes stated
		226 SIGNATURE	1		DEGREE	V 101 10		22c. DATI	ESIGNED
1	20	MAN	the st	_ /	A A	TENDING /	MEDICAL STAFF DIRECTOR PHYSICIAN	6.2	4.84
-		22d. PHYSICIAN'S NAME (TYPE O	OD BRIATI	•	22e ADDRESS		DIRECTOR PHYSICIAN		
		1-TI R	22 10				164006 DRIG 1.	MERNS	11 DM
		011014	100		100 li	1001	regus bull 1	MORNE	792 1131
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	COUNTY	STATE
		Burial	6/23/1984 Ce	dar La	awn Mem.	Park	Hagers town, Wa	shingto	n,Md.
	24 1	ONE ALDIRECTOR	1 1	1		250 DAT			
	6	KNAME	ADDRESS ADDRESS	Du.	DEN MI	0 111	IN 2 5 1984	A find fathers	
		winner !	1 X MOVE ()	MIKE	NY I'M	71 30	111 2 0 100 .		

DHMH - 16 50M 4/B3 (VRA 15, 4)

Man distributed highlight that should Author of a register China and Change and China ten to a first part some the one of the

FOR				
STATE				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

ما	1	1	2	1
REG. N	10.			
E OF DEATH	MONTH	DAY	YEAR	2h HC

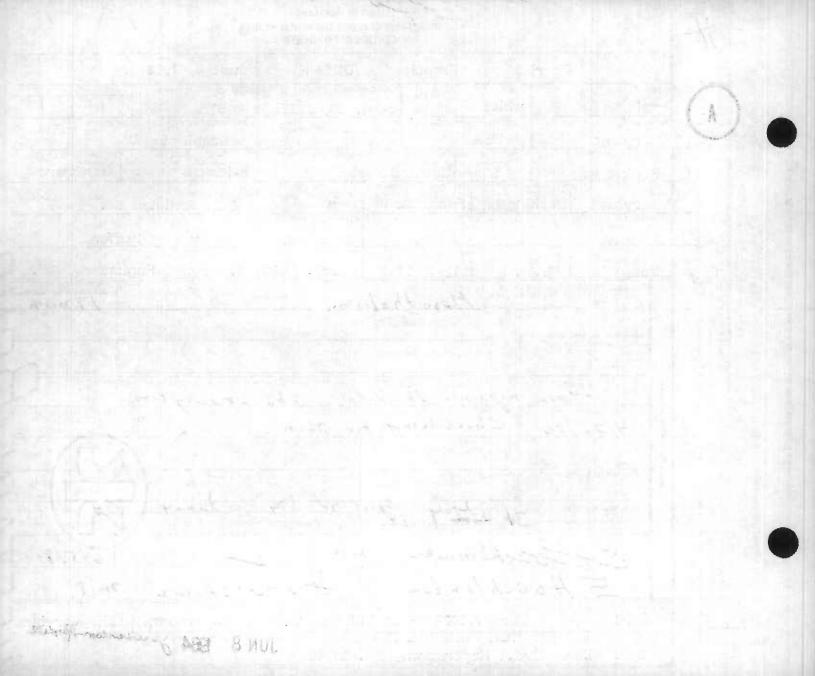
REGISTRAR								REG. N				
1. DECEASED NAME (TYPE OR PRINT)	Charle		Francis	-LA	BRO	WN		e 4,		DAY YEAR	2b HO	UR M
1 SEX		I. RACE		5 DATE OF			6 AGE (IN	YEARS LAST BI	RTHDAY)	IF UNDER 1 YE.		R 24 HRS
male		white		Sent	. 26,	1922	6	1	YRS	MONTHS DAT	HOURS	MIN.
LE BIRTHPLACE (STATE	E OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8		-		-		Y OF DEATH		-
Maryland	C IE III	USA		WIDOWED		MARRIED	W	ashin	gton			MD.
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSING		OTHER IN	STITUTION		OCCUPAT		12b. KIND UFE) INDUSTR	OF BUSIN	ESS OR
Funkstow	n	6 S.	Antietam	Stree	t			sman			dwar	e
Maryland	13h COUNT	THER INSTITUTION TY Ington	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Funkstor	wn	YES <table-cell></table-cell>	CITY LIMITS?		ADDRESS An		n St?	170	34
FATHER'S NAME	M	MDDLE	LAST	10.00	15. MOTHER	R'S MAIDEN NA	ME	MIDDLE			LAST	1
Frank	Ear	-	Brown		S	usan	1	May	1	luffer		
160 WAS DECEASED E		VAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORM	TMANT		ADDR	ESS			
Yes	W.V		217-18-7	187	Mrs	s. Nellie	e M. E	Brown	, Fu			
18 CAUSE OF D	EATH Enter only	y ane cause per	line for (a), (b), and	ici	715,000				1	BETWEE	OXIMATE INTI	D DEATH
PART I. DEAT		CAUSE (o)	Marot	he/10	mi	1132.09				1	8 200	14
Canditions, if gave rise to cause (a), s	immediate	(b)_	r as a conseque			1.55						
PART 2 OTHER, 190 DATE OF OP 4/2 210 ACCIDENT WA	SIGNIFICANT CO	noph.	ontributing to de	Hed	WAS PERF	abd	-	elary	20b. IF Y	IVEN IN PART ES, WERE FINI IFYING CAUS YES	DINGS USE	TH?
OR COLUMNIA IN LO	CAUSE OF DEAT	n l	M. MONTH DA		21c. HOW I	NJURY OCCUR	RED (ENTER N	ATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
CIF EITHER NOTIFY 21d INJURY OCC	MEDICAL EXAMINER)	21e PLACE	M. OF IN HIPY	19	211. LOCAT	ION					1	
	OT WHILE T		REET, FACTORY OFFICE FA		STRE	ET		CITY OR TO	NWC	COUNTY		STATE
saw The decabave, (1) (w	reased alive an _ re) (did) (did not		edians dirom	•		, 19 .84 () (aur) apinian	, to	ed on the o	date and he	, 19 8 4 our and from th	_, that (1) he causes si	,
226 SIGNATURE	Ho	techl	cende	1	1D	ATTENDING PHYSICIAN	MEDICAL	STA	FF CIAN [22c. DA	TE SIGNED	14
22d. PHYSICIAN	HO HO	ach 1	ion lon		22e ADDRE	7090	223.	Low	2	mo	1	
230 BURIAL, CREMATION BURIAL	ON, REMOVAL	23b DATE				CREMATORY	23d LOC	ATION		COUNTY		WATE .
	1777	June 7				netery	Ha	gers	town,	Wash.,	Mary	and
24 FUNERAL DIRECTO			-UNERAL			250 DAT	NE BY	ROPAR	256 BEVCA	ANOTE PARAM	ATULE	
415 E. Wi	Ison Blv	/d., Ha	agerstown	, Md.	2174	0		20.	0			

DHMH - 16 50M 1/81 (VRA 15, 4)

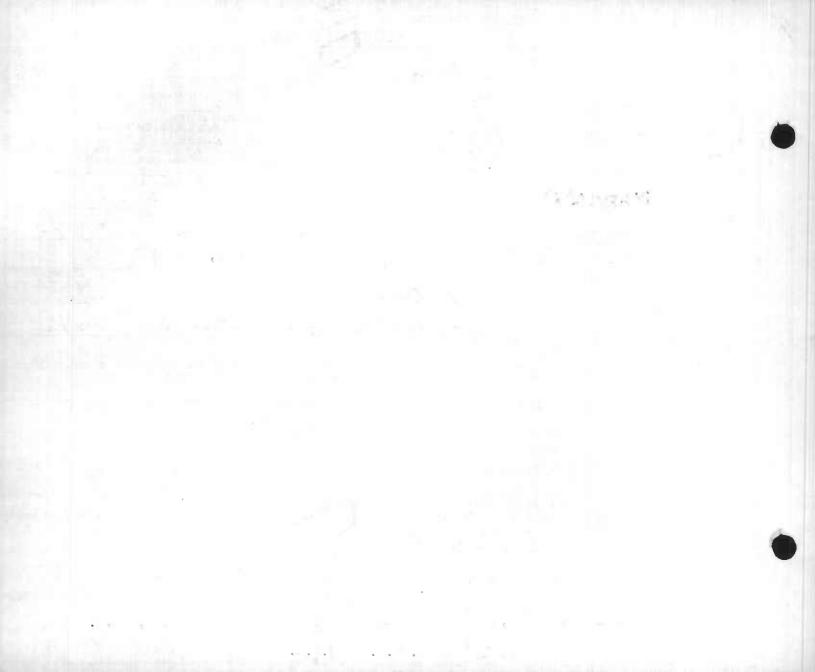
TO FUNERAL DIRECTOR:

MPORTANT If Item 21 is

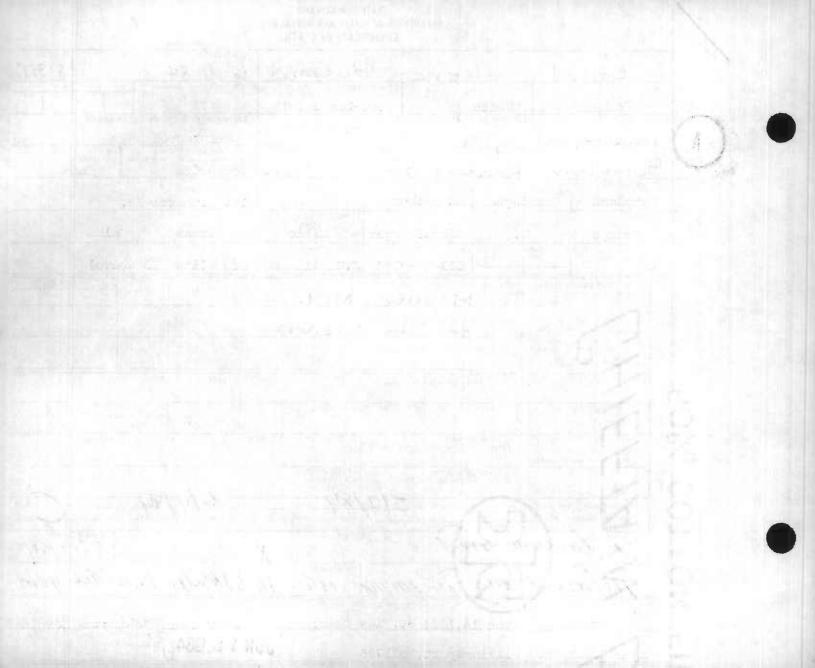
should be detoched for use as the buriol-transit permit. Then please remove with the State Dept of Health and Mental Hygiene prior to burial, cremation



MARYLAND STATE DEPARTMENT OF HEALTH



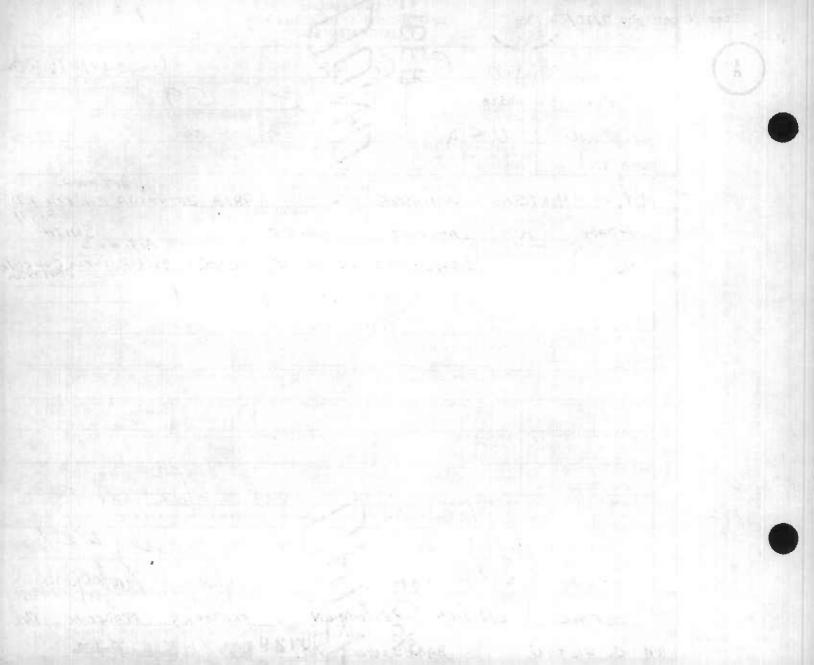
6	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.									
. //			FIRST	^	MIDDLE	i	AST		2a. DATE OF DEATH		DAY YEAR	2b. HOUR	
ed to	THE	Ethe	.		rene	. 1	Jussar	0	6-11-81	4		8:33Pm	
30)	3. SE		4.	RACE		S. DATE C		EAD	6. AGE IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
ge 4		Female	White				November 2,1910		73	YRS.			
. Pog		RTHPLACE STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARR	IED 🗆	9. BALTIMORE CITY	R COUNTY	OF DEATH		
de de		argan, Maryl		US		WIDOWE	D DIVORC	CED 🗌	WASHING			MD.	
1 1	10. CI	TY OR TOWN OF DEATH	1 11		HOSPITAL, NURS II H FACILITY, GIVE STREET		R OTHER INSTITUTI	ION	12a. USUAL OCCUPAT			F BUSINESS OR	
hours after be the	15	oonsbor			levs r		onal Ho	ome	Housewife		Hor	ne	
S S S S S S S S S S S S S S S S S S S	13a. S M	aryland	P COUNT	ington	13c CITY OR TOV Sharpsb	VN	13d. INSIDE CITY LI YES 🛣 NO		13e STREET ADDRESS 106 S.Chu	rch St	. 21	183	
mpletely ond 2 sh	14. FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAI	IDEN NAM	NIDDLE .		LAS	1	
		George		V .	Eichelb		Katie	е	Irene		Welch		
ING PHYSICIAN. The law requires that the death certificate be execut attending physician and constending physician and constending physician and construct the secutive state of the price of the price. Pages I than and Mental Hygiene price to burial, cremation, or remayal. The many area is shown any injury, or other troumatic event, the medical arked or them.		VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECT		17 INFORMANT		ADDR				
	n	-			213-24-	9794	J.Willian	m Bus	sard (ite	m 13 a		IMATE INTERVAL	
	Z	18. CAUSE OF DEATH PART I. DEATH WAS LIVED TO THE STORY OF THE STORY	which diate the last	DUE TO, OI	R AS A CONSEQUER AS A CONSEQUER	ENCE OF	M. I. ASCV	THE TERMIN	NAL DISEASE OR CON	IDITION GIV	/EN IN PART 16	0.	
	CERTIFICATION	19a. DATE OF OPERATIO	N						200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?			
CIAN. The II. I physicion. Inflicate hos al-tronsis per and Hygiene and Hygiene	W.	21a. ACCIDENT WAS UNDER		216 TIME O		AY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJ	IRY IN ITEM 18	PART I OR PART 2)		
S PHYSICIAN. The certifical the burial-troa	N N	OR CONTRIBUTING CAL		P.		19							
PHYS endin this c he bur d or th	MEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY	FARM ETC)	211. LOCATION STREET		CITY OF R	244	COUNTY	STATE	
MG Ph other th firer th os the thond arked d	1	AT WORK NOT WHILE				10	10	-	11	100			
DR ATTENDI thospital or DIRECTOR: A bred for use bept. of Heal		22a L certify that (1) (t sow the deceased above, (1) (we) (dic	alive on_			5/2	nd that in (my) (aur)	opinian d	eath accurred on the c	ate and hou	or and fram the	that it (we) last cover stated	
		22b. SIGNATURE	u	u M		10/1	DEGREE ATTEN PHYS	NDING A	MEDICAL STA	FF CIAN []	6/1	3/84	
HOSPI bined b FUNE ould be the the S		MINAN	E (TYPE OR P	THE	MILA	MINIA	22. ADDRESS	. 11,	s perile	u Dr	willed	spotest	
Day W	23a 8	URIAL, CREMATION, RE	MOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE	
BP		Buria		June 1	4.1984 M	t.Vie	w Cemeter		Sharpshu		nington	Maryland	
DHMH - 16 50M 4/82		JNERAL DIRECTOR		IE-TATU	ADDRESS	14.4		250. DATE	REC'D. BY REGISTRAL	25F REGIST	DARS SIGNAT	URE JAIL	
(VRA 15, 4)	N	Major M.Osbo	rne	Willia	msport, M	D2179	5	.00	14 1 0 1904	0			



I. DEC	REGISTRAR		or bus	0/ 204.5.	CERTIF	EALTH AND MENTAL HYO				
	EASED NAME						REG. NO	1		
LIAME		FIRST	1	MIDDLE	l	AST	20. DATE OF DEATH		YEAR 26. HOUR	
(TYPE OR PRINT) FRANK			THOMAS BUTT			TLER	JUNE 2N	D., 1984	12:46	
3 SEX			4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		R I YEAR IF UNDER 24	
M	ALE	WHITE			6-2	9-1876	107 YRS			
C	BIRTHPLACE STATE OR FOREIGN COUNTRY)		USA.		MARRIED NEVER MARRIED WIDOWER DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON			
	WILLIAMSF	ISPORT HO		OT IN SUCH FACILITY, GIVE STREET ADDRESS) HOMEWOOD RETI STITUTION GIVE RESIDENCE BEFORE ADMISSION LIMITATION OF THE PROPERTY O			(TYPE OF WORK FOR MOST OF	KIND OF BUSINESS DUSTRY LAIDROAD		
13a. S [M]	TATE D						Womendad N.H. 21795			
)4 FA	THER'S NAME ELI			TLER LAST			R. MIDDLE			
16a W	VAS DECEASED EVER I					MARY PHE			21095 ALLEY R	
				Ine for (0), (b), on	due-1	A . 4	- 11		APPROXIMATE INTERVA	
	IMMEDIATE CAUSE 10) White has School Alexander School Alexander									
	gove rise to imm couse (0), stating underlying couse	ediate the last.	(0)_				0			
N O	PART 2 OTHER SIGN	IFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN	PART IIo	
TIFICATI	196 DATE OF OPERATION		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		E FINDINGS USED CAUSES OF DEATH NO	
	OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
MEDI	WHILE NOT WHI	LE 🗆	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	NN CO	OUNIY STA	
	saw the decease	d alive on	5/30	19 🙅	/		death accurred on the da	ite and hour and t	, that (I) (we	
	SIGNATURE OF	nus	how	Institu	•	ATTENDING PHYSICIAN		F	to-/16/	
	TO DI	WE THE	PRIPRIPRIPRIP	VENS	TEI	TUNK	STOWN	MD		
23a. B	SURIAL, CREMATION, F	REMOVAL	236. DATE				23d. LOCATION CITY OR TOWN	COUN	TY STA	
	LITAY		6-5-		To Proceed in	STMINSTER	WESTMIN		ARROLL M	
	WEDICAT CERTIFICATION	COUNTRY) MD. 10 CITY OR TOWN OF DEA' WILLIAMSF USUAL RESIDENCE (IF NURSING MD) 14 FATHER'S NAME FIRST ELI 166 WAS DECEASED EVER I (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH PART I DEATH WAS Conditions, if ony, gove rise to imm couse (0), stoffing underlying couse PART 2 OTHER SIGN 196 DATE OF OPERAT 216, ACCIDENT WAS UND OR CONTRIBUTING COUSE WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK OF CONTRIBUTING COUSE 226 PAYSICIAN'S NA 226 PAYSICIAN'S NA 226 PAYSICIAN'S NA 227 DEMANDER 238 BURIAL CREMATION F	TO BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MD. 10 CITY OR TOWN OF DEATH WILLIAMSPORT USUAL RESIDENCE (IF NURSING HOME OF MEDIAN MD 13a. STATE LII 16a WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIAN Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (IF COUNTRY IN THE PART I DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IF MEDICAL EXAMINER AT WORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d PHYSICIAN'S NAME (IN C. 22d PHY	TO BIRTHPLACE ISTATE OR FOREIGN ND. CITIZEN OF COUNTRY) MD. USA. 10. CITY OR TOWN OF DEATH WILLIAMSPORT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136. STATE MD 14. FATHER'S NAME FIRST ELII J. BU' 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) Gover rise to immediate couse (a), stating the underlying couse lost. Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. 19a. DATE OF OPERATION 19b. COND 19a. DATE OF OPERATION 19b. COND 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (RETIFIER, NOTE WHED ICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTE WHED ICAL EXAMINER) 22d. I certify that (1) (this hospital) attended the deceased olive on a couse of the property of the body 22d. PHYSICIAN'S NAME (INCORPRISE)	TO BIRTHPLACE ISTATE OR FOREIGN MD. 10. CITIZEN OF WHAT COUNTRY? USA. 11. NAME OF HOSPITAL, NURSING WILLIAMSPORT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ITALIAMSPORT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ITALIAMSPORT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ITALIAMSPORT ITALIAMSPORT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ITALIAMSPORT ITALIAMSP	MALE 70. BIRTHPLACE (STATE OR FOREIGN ON COUNTRY) 70. CITIZEN OF WHAT COUNTRY? 81. MARRIEL USA. 10. CITY OR TOWN OF DEATH WILLIAMSPORT 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 133. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. FATHER'S NAME FIRST BUTLER 14. FATHER'S NAME FIRST 156. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 157. SECONDARY OF DATES 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 167. SECONDARY OF DATES 175. DUE TO, OR AS A CONSEQUENCE OF DEATH (Enter only one couse per lawe for to), (b), and enter part of the underlying couse lost. 176. CONDITION FOR WHICH OPERATION 177. DUE TO, OR AS A CONSEQUENCE OF DEATH (FEITHER NOTIFY MEDICAL EXAMINER) 178. CONTRIBUTING CAUSE OF DEATH (FEITHER NOTIFY MEDICAL EXAMINER) 179. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 1710. PLACE OF INJURY HOUR A.M. STREET, FACTORY, OFFICE, FARM, ETC.) 1710. PLACE OF INJURY HOUR A.M. STREET, FACTORY, OFFICE, FARM, ETC.) 1711. PLACE OF INJURY 1712. PLACE OF INJURY HOUR A.M. STREET, FACTORY, OFFICE, FARM, ETC.) 1713. BURIAL CREMATION. REMOVAL 1738. DATE 1734. NAME OF C.	MALE 70. BIRTHPLACE [STATE OR FORE ON COUNTRY] NO. 10. CITY OR TOWN OF DEATH WILLIAMSPORT WILLIAMSPORT HOME WOOD RETIREMENT CENTY USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION OF RESIDENCE FOR STATE MD 13. STATE MD 14. FATHERS NAME FIRST FRANCES 15. MOTHERS NAME FIRST FRANCES 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOOR UNKNOWN) 16. TIS, SOVE WAS OR DATES) NODE PART L DEATH HENTER ONly one couse per limit per tool, (b), and derify PART L DEATH WAS CAUSED BY. MMEDIATE CAUSE TO DEATH FRANCES 16. COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MARY PHE 17. TIS, DOOR UNKNOWN) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM PART L CERTIFY HOLD (I) (this hospital) altered to the deceased from MARY PART L CERTIFY HOLD (I) (this hospital) altered to the deceased from MARY PART L CERTIFY HOLD (I) (this hospital) altered to the deceased from MARY 226 L CERTIFY HOLD (I) (this hospital) altered to the body ofter death. 227 ADDRESS ATTENDING PHYSICIAN PART L CREMATION REMOVAL 1236 DATE 128 BURIAL CREMATION REMOVAL 1236 DATE 129 BURIAL CREMATION REMOVAL 1236 DATE 129 BURIAL CREMATIO	MALE VHITE 6-29-1876 107 10 BIRTHRIACE [STATE OR FOREIGN 16 CHIZEN OF WHAT COUNTRY?] IMARRIED NEVER MARRIED NEVER MARRIED WASHING 18 CHIZEN OF WHAT COUNTRY?] IMARRIED NEVER MARRIED NEVER	MALE 18 BIRTHEACE (STATE OR FOREON TO COUNTRY) 18 CITY OR TOWN OF DEATH WID. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IN NOT SWOCKED) WASHINGTON (In you work to wash to wwo dot of women of the plant	

AND A STREET, ASSESSED. The state of the s the state of the state of the state of the desired of the state of the and the second s CHARLETTERN TO WESTERN WAR TO A MET TO THE ENGINEE PROPERTY OF THE PR terresidence and translation and the second second second

Item 4 b	STATE OF MARYLAND OF FORM . 7/10/84 kg DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
(A [)	DECEASED NAME (TYPE OR PRINT) OF THE PRINT
oge et al.	Rivale White B-9-2 59 YRS. MONTHS DAYS HOURS MIN.
death.	BIRTHPLACE (STATE OR FOREIGN TO CUITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASHINGTON MD.
by the	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACEUTY, GIVE STREET ADDRESS) Hagerstown 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Pa and	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE DIVERESIDENCE BEFORE ADMISSION) 136. STATE 136. STREET ADDRESS / ZIP CODE APT. HIDZ 137. CITY OR TOWN 138. STREET ADDRESS / ZIP CODE APT. HIDZ 139. STREET ADDRESS / ZIP CODE APT. HIDZ 130. STREET ADDRESS / ZIP CODE APT. HIDZ 131. STREET ADDRESS / ZIP CODE APT. HIDZ 132. STREET ADDRESS / ZIP CODE APT. HIDZ 133. STREET ADDRESS / ZIP CODE APT. HIDZ 134. STREET ADDRESS / ZIP CODE APT. HIDZ 135. STREET ADDRESS / ZIP CODE APT. HIDZ 136. STREET ADDRESS / ZIP CODE APT. HIDZ 137. HIDZ 138. STREET ADDRESS / ZIP CODE APT. HIDZ 138. STREET ADDRESS / ZIP CODE APT. HIDZ 139. STREET ADDRESS / ZIP CODE APT. HIDZ 130. STREET ADDRESS / ZIP CODE APT. HIDZ 131. STREET ADDRESS / ZIP CODE APT. HIDZ 132. STREET ADDRESS / ZIP CODE APT. HIDZ 133. STREET ADDRESS / ZIP CODE APT. HIDZ 134. STREET ADDRESS / ZIP CODE APT. HIDZ 135. STREET ADDRESS / ZIP CODE APT. HIDZ 136. STREET ADDRESS / ZIP CODE APT. HIDZ 137. STREET ADDRESS / ZIP CODE APT. HIDZ 138. STREET ADDRESS / ZIP CODE APT. HIDZ 139. STREET ADDRESS / ZIP CODE APT. HIDZ 140. STREET ADDRESS / ZIP CODE APT. HIDZ 150. STREET ADDRESS / ZIP COD
completely filled T and 2 should it	4 FATHER'S NAME FIRST ADDRESS NAME LAST LAST CARRIE MIDDLE LAST SHITH
cate be executed within 24 spers. Pages 1 and 2 should vol.	(YES, NO OR UNKNOWN) (F YES, GIVE WAR OR DATES) 217-16-2702 WILLIAM E. CARTER 9813 BETHESA CHILLIAM
g ph conpo	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
es that the death creed by the ottendin please remove corturial, cremation, ar	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last: (b) DUE TO, OR AS A CONSEQUENCE OF (c)
equires n signee Then pl	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The law rician. Ite has bee ssir permit. Shows any	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES
Clar pharithe sol-tr	OR CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE ALM. MONTH DAY YEAR
DING PHYSIC ar after this cer e as the burio olth and Ment marked ar Her	THE FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT
TENDS sitol ar TOR: A af Heol	270 certify that (X (this hospital) attended the deceased from
At OR ATT y the hospit AL DIRECTO detached fo are Dept. of	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P
TO HOSPITAL TO FUNERAL with the State WITH PROPERTY.	Florecità Phalomo 1000 Penny gluana Antagriston
ВР	236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. WCATION COUNTY STATE STATE OF COUNTY STATE OF
DHMH - 16 50M 4/83 (VRA 15, 4)	WIN C. HILTON BARNES WILLE, HON 29 1980 Julia Sundan Andres Sundan



At the second of the second of

. . .

305 N. Rotomac St.

erald N. Minnich Hagerstown, Maryland J.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2h HOUR

12 KIND OF BUSINESS OF

APPROXIMATE INTERVAL

NO I

STATE

STATE

Recording

IF UNDER I YEAR

MDUSTRY

Barone

YES [

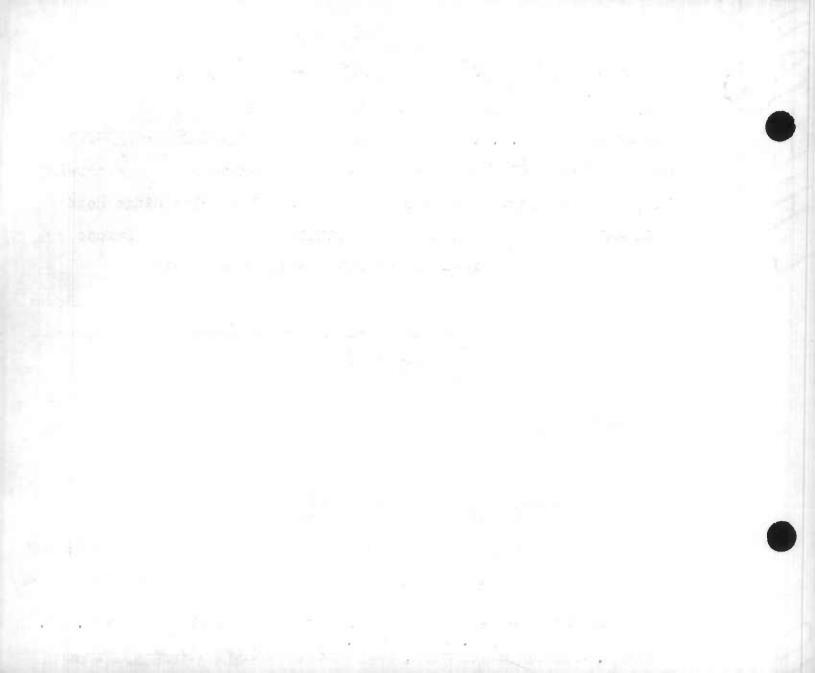
250. DATE REC'D. BY REGISTRARI256. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

10

IF UNDER 24 HRS

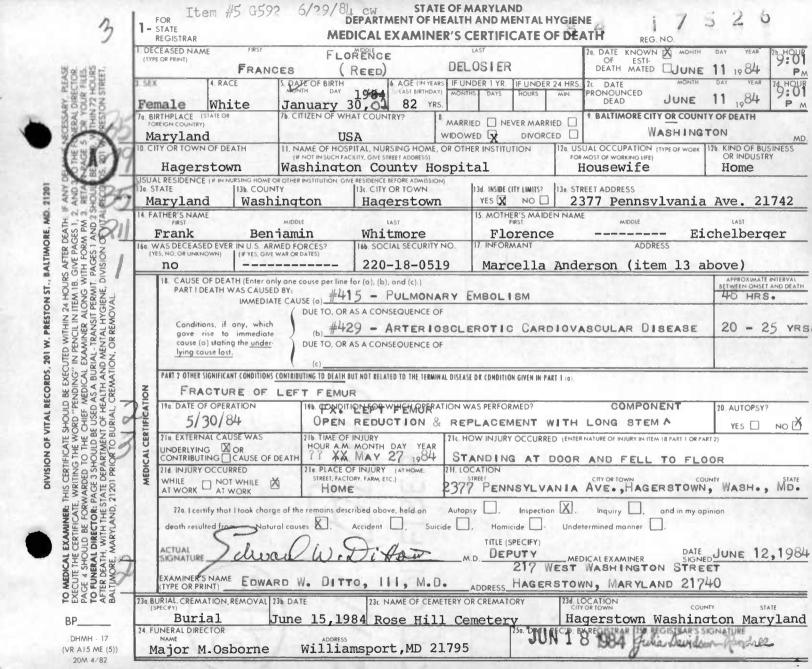


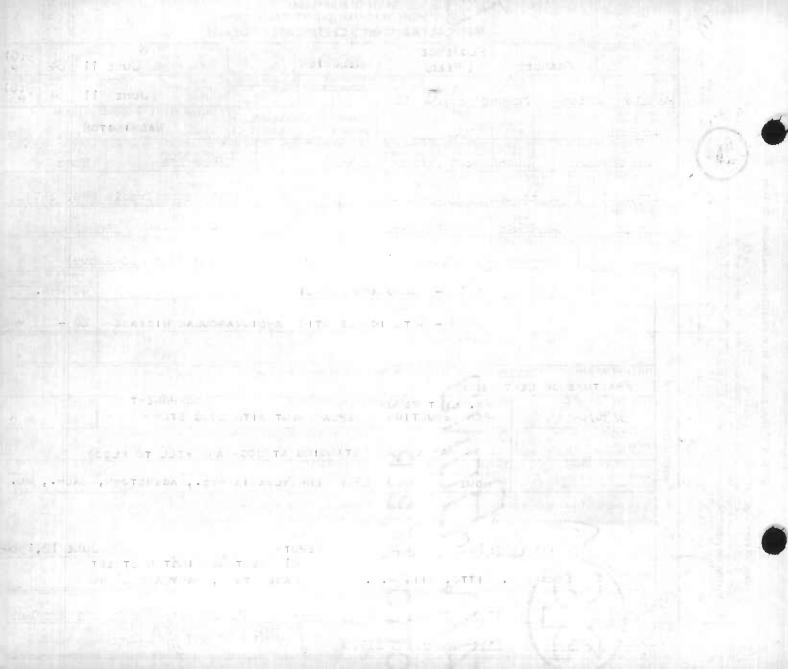
(VRA 15, 4)

arde

STATE OF MARYLAND





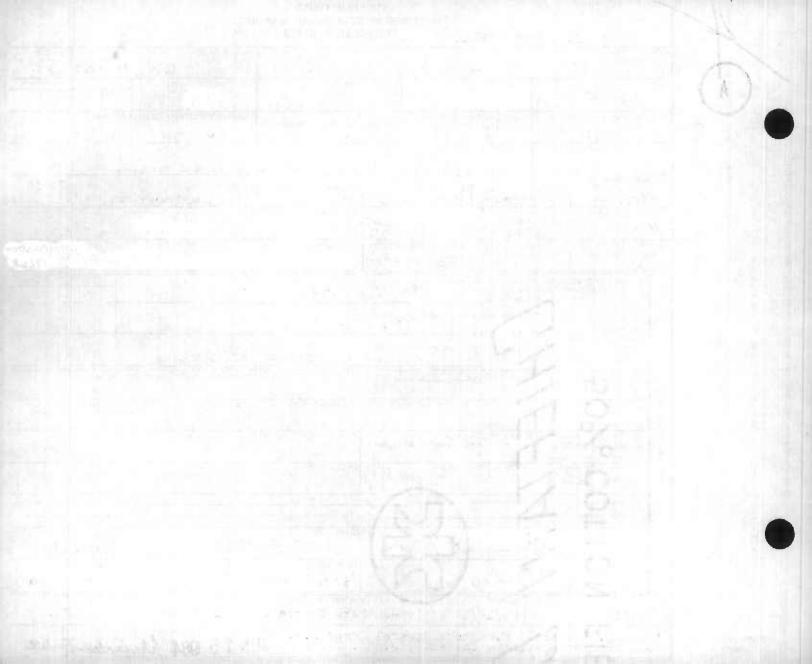


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male Nov. 30,1922 DEAD White 61 YRS 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Sterling, Va. U. S. A. WIDOWED [DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING HEET Keedysville Rfd. 1 Labor Construction Box 90 ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN Rfd. 1 Box 90 21756 Keedysville YES [Washington NO Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Edgar Columbus Riley Dodson Susie Elizabeth 146. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES Box 90 (YES, NO, OR UNKNOWN) 226- 12- 0776 Mrs. Dorothy Dodson, Yes Keedvsville, Md BETWEEN ON THE NO MATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED DEPARTMENT OF HE I PRIOR TO BURIAL, YES | 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR 0 UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINEN
EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWART TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held an Inquiry and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 6-30-84 Keedysville, Wash. Co., Md. Burial Fairview Cemetery BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** Boonsboro, Md. 21713 John H. Bast, Jr. (VR A15 ME (5)) 20M 4/B2

Mala 921.01 101 5325 51 Sterilar, Pr. C. L. Low Constant of Con or sold I size safetyay and the discussion along the last the discussion of the last OR NOT 1 . 22 Sucial 6-10-8h Filtrian Condety Lot-waville, san. F. Mile -ona H. Sest, Jr. Boomsborg, M. 21413

(VRA 15, 4)

STATE OF MARYLAND



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HY
- STATE REGISTRAR	CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	7 5	4	
1. DECEASED NAME	FIRST	1	MIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOU	R
AI	VIN	ERNES	T DR	URY		June 24, 1984		3:2	9 PM
3 SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER	
Male		White		June	e 24, 1918 AR	66 YRS	MONTHS DAYS	HOURS	MIN.
	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	O MENTER MARRIED O	9. BALTIMORE CITY OR COUN	TY OF DEATH	-	-
Maryland		U.S.A	1.	WIDOWE	D NEVER MARRIED DIVORCED	Washington			MD.
10 CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND C	F BUSINE	SS OR
Hagersto	wn	Washin	ngton Cou	nty F	Hospital	Yard Foreman		road	
USUAL RESIDENCE (FN 136 STATE Maryland	13b COU Was	or other institution. Shington	134. CITY OR TOWN Hagerst	ADMISSION) N OWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1005 Salem Av	renue 2/	74	0
Ernest		MIDDLE	Drury		15 MOTHER'S MAIDENNA/ Bertha	ME MIDDLE E	Smit	n n	
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
(YES, NO OR HUKNOWN)	(IF YES, G	IVE WAR OR DATES)	214-09-04	408	Kenton Drui	116 F. Street		Cast	
18 CAUSE OF DE PART I. DEATH	ATH (Enter of WAS CAUS	inly ane cause per ED 8Y: ATE CAUSE (a)	Probab	le ac	inte myrear	int inferction	BETWEEN	MATE THIEF	DEATH TE
			DAS A CONSTOUR	NICE OF		oscular design			
Conditions, if a gave rise to cause (a), sto underlying co	immediate ating the	DUE TO, O	R AS A CONSEQUE		ue correr	orcular design	e ay	ares	

18 CAUSE OF DE PART I. DEAT Conditions, if gave rise to cause (a), st underlying co PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2

210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

21d INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY STATE

220 | certify than (1) (this haspital) attended the deceased from and that in

(our) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED

6-21-84

224 PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

Richard E. Smith, M.D.

22e ADDRESS

DEGREE

MEDICAL STAFF 6-27-84

230. BURIAL, CREMATION, REMOVAL

1708 Oak Hill Ave.

ATTENDING PHYSICIAN

Hagerstown, Md. 23d LOCATION

Hagerstown Washington Md.

(SPECIFY) Burial June 27, 1984 Rest Haven Cemetery 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
N. 2 9 1000 Julia Javidan Randall 415 E. Wilson Blvd. Hagerstown, Maryland

23¢ NAME OF CEMETERY OR CREMATORY

(VRA 15, 4)

Pages 1 and 2 sh

iene prior

the burial-transit and Mental Hygie

18 shows

MEDICAL

After this certificate has

TO FUNERAL DIRECTOR:

should be detached with the State Dept.

MPORTANT:

DHMH - 16 50M 4/82

BP

				val e	78
		2008			(A
				pentru.	
				i algue	
	Papar Prints F121	0.05 -0			
		£			
	A8=15=0 B	4+6 000 t	A Barthan		
23.43	15-a X X				
21,700	1738 Cat Hill Ave. Hagerstown, 184.		- · · · · · · · · · · · ·	3. Probeth	
	Committee to the state of the committee				
	AND LICENSES OF THE PARTY OF TH	Cantowal I		Later to	

DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13d. INSIDE CITY LIMITS?

Ida

17 INFORMANT

211 LOCATION

DEGREE

NOX

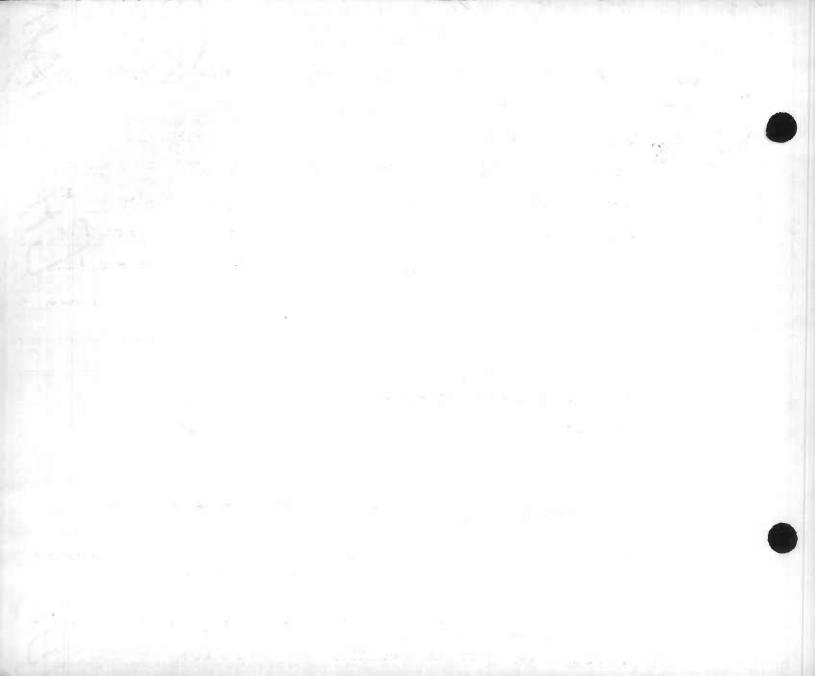
REG. NO 2a DATE OF DEATH 2h HOUR 830 JUNE 14, 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Washington DIVORCED [12b. KIND OF BUSINESS OR **INDUSTRY** farmer farming 21740 13e.STREET ADDRESS / ZIP CODE Route 6, Box 18 15. MOTHER'S MAIDEN NAME Armstrong Mae ADDRESS Rosanna G. Everitts, Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 06-15-84 PHYSICIAN DIRECTOR PHYSICIAN E. ANTIETHM ST

23c NAME OF CEMETERY OR CREMATORY

June 18, 1984 Salem Reformed Ch. Gem. Hagerstown, Wash., Md.

24 FUNERAL DIRECT MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



	OR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO	SIENE 4	-	7 .	, 3	
	REGISTRAR					ICATE OF DEATH	REG. N				
1 DECE		FIRST		MIDDLE	ı	AST	2a DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	A	6NC	S	<i>V</i> .irginia		F-100K		6	24	84	2:52
3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RIHDAY)	MONTHS	R I YEAR	IF UNDER 24 HRS
Fe	male		Whit	e	8	27 1925	58	YR		04.3	NOORS MIN.
	HPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COU	NTY OF DE	ATH	
	Marvland		US	A	WIDOWE	4.5	WASHINGT	ON			M
	OR TOWN OF DEA	ATH			IG HOME C	PROTHER INSTITUTION	12a USUAL OCCUPAT				F BUSINESS O
На	gerstown			ton Connt		pital	Teacher	OF WORKIN	G LIFE) INI	duca	ation
SUAL	RESIDENCE (IF NURS	SING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	_	1				
Mar	yland	Wash	ington	Sharpsbi		13d INSIDE CITY LIMITS?	Rt.1 Box#		^{DD€} 217	82	
	HER'S NAME	- Wabi		Budapas	5	15 MOTHER'S MAIDEN NA		304	21/	02	
	FIRST		incent	DeLaur	2017	Marv	Kathry	n		Clip	i nn
W	Robert AS DECEASED EVER			16b SOCIAL SECU		17 INFORMANT	ADDR			CTTE	'P
	NO OR UNKNOWN)		E WAR OR OATES)				l- / 1	2 ah			
_	no			220-16-	27 //	John D.R.Fl	ook (item i	3 ab		NAME OF THE PARTY	NAME OF TAXABLE PARTY.
ľ	PART I DEATH W	AS CAUSE	Ď BY.	r line for (o), (b), on	DID D	ulmarione	ADDECT			EIWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIAT	re CAUSE (o)	0170	21011	VIIINIVIA	Macro				
	C. Briston of		DUE TO, C	R AS A CONSEQUE	NCE OF	MANIA ONOC	DA LIDACIC				
- 1	Conditions, if any, gove rise to imr	mediote	(b)_	- 10	111010	NACY IS RY	1)211/3/14				
	couse (o), statir underlying couse		DUE TO, C	R AS A CONSEQUE	NCE OF	id mas of	The Par	ITT			
			(c)_	CO	COTTV	VIII 04	THE DIW	74			
	PART 2. OTHER SIGN	NIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	ADITION	GIVEN IN	PART 10	o.,
을 .	DATE OF OPERA	TIONI	Tin covin	TION FOR WILLIAM	ODERATIO	N WAS PERFORMED	20a AUTOPSY?	1201 15	VEC VA/ED	E EINIDIA	NGS USED
CERTIFICATION	date of OPERA	TION	198 CONL	IIION FOR WHICH	OPERATIO	N WAS PERFORMED			RTIFYING		OF DEATH?
-						1	YES NO		YES 🗌		NO 🗌
	TO ACCIDENT WAS UNI	-		.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM	18 PARTIO	(PART 2)	
	(IF EITHER NOTIFY MEDI			.м.	19	THE PERSON NAMED IN					
M	14 INJURY OCCUR			OF INJURY	ARM FIC)	211 LOCATION STREET	CITY OR T	OWN	ÇC	VINIY	STATE
2	WHILE NOT WE	HILE									
1	2e. I certify that	(this hospi	tol) otterded th	he deceosed from			, to		, 19		that (I) (we) los
	stiw the decease	ed aliveron	ti view the book	after death	, or	nd that in (my) (our) opinion	death occurred on the c	lote and	hour and t	rom the	couses sloted
7	TE SIGNATURE			4		DEGREE			2	C. DATE	SIGNED
		100	01/8	rn	M	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [133	61	24/64
1	PHYSICIANTS AL	AME (1995)	or Leonal)			22e. ADDRESS	1.			-1-	-11-1
	(1)00	SIE	(1825 140	as Isu	1+	0650	- (hw

23c NAME OF CEMETERY OR CREMATORY

Mt. View Cemetery

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTO

24 FUNERAL DIRECTOR
NAME
Major M.Osborne P.O.Box# 348 Wmspt.,MD 21795

Jun. 27, 1984

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE PROPERTY OF THE PROPER

23d LOCATION
CITY OR TOWN
Sharpsburg Washington Maryland

Bondarah rate iliang ganggana Pantaga waters been W. man

Clearspring Md. 21722

DonaldEdwin Thompson F.H.INC.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Tulia Savida B.

FOR

24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/78

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 5 3 3
DECEASED NAME FIRST	MIDDLE	(AST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
CHARL	ES EDWIN	GALLIHER	June 9. 1984	
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Male	White	June 2 1918	66 YRS	MONTHS DAYS HOURS MIN.
TO MRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Washington Co	untv MD
ID CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Hagerstown	- 11	untv Hospital	Machinist	Fairchild
USUAL RESIDENCE (IF NURSING HOME)	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS / ZIP COD	210116
Maryland Was	shington Hagers		1773 Sherida	
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
	rooks Gallihe	r Lillian		ohnson
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	OHITO OH
Yes W	W II 214-09-	1618 Hilda D. G	alliher Same	as #13
PART I. DEATH WAS CAL	only one couse per line for (0), (b), one USED BY DIATE CAUSE (0) Cardia	- //	The managed	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minute
Conditions if any which		osclevatic He	wT Disease	LIPANS

Yes, no or unknown)	(IF YES, GIVE WAR OR DATES)	214-09-1618 Hilda D. Galliher Sam	e as #13
18 CAUSE OF DEATH PART I. DEATH WA		Cardiac Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA MINUTE
Conditions, if ony, gove rise to imme	ediote)	Arteriosclerotic Herri Disease	years
couse (a), stating underlying couse PART, 2 OTHER SIGN	lost. (c)	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIC	ON GIVEN IN PART I 10

l'abe (es CERTIFICATION 19a DATE OF OPERATION

WHILE

MEDICAL

bould be filed

Meditus CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) OR PART 2)

COUNTY

STATE

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M.

19 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

NOI WHILE

opinion de phocofred on the date and hour and from the causes stated 22c. DATE SIGNED

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

encer 23a BURIAL CREMATION, REMOVAL 136 DATE

6-12-84

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

Kenty Ave Hagerslown, Ma

24 FUNERAL DIRECTOR

MPORTANT: H Hem should be detoched with the State Dept.

à

and Mental Hygiene

Hem 18 show

20

per

Gerald N. Minnich (VRA 15, 4)

(SPECIFY) Burial

305 N. Potomac St. Hagerstown, Maryland

Grenlawn Mem. 250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Williamsport Wash. Md.

DHMH - 16 50M 4/83

BP.

0

ATTENDING

CHARLES EDWIN CHILDREN STEEL The state of the s b. Laborator and the Company of the Laboratory o .eva assistant little to another than the later tha control lend delilited tribles lend The man sense regulation of a fill and a fill a fill and a fill a fill a fill and a fill a fill and a fill a fill a fill and a fill Patricipalis that District your The second secon CRECH CLUSTON MILL

Chirles Colome in 1888 Kenty her ter good in, 1914

Staled | Delease | October 151. 27. William 1625 hash. 14. 14. | Staled | Delease | De

(VRA 15, 4)

STATE OF MARYLAND

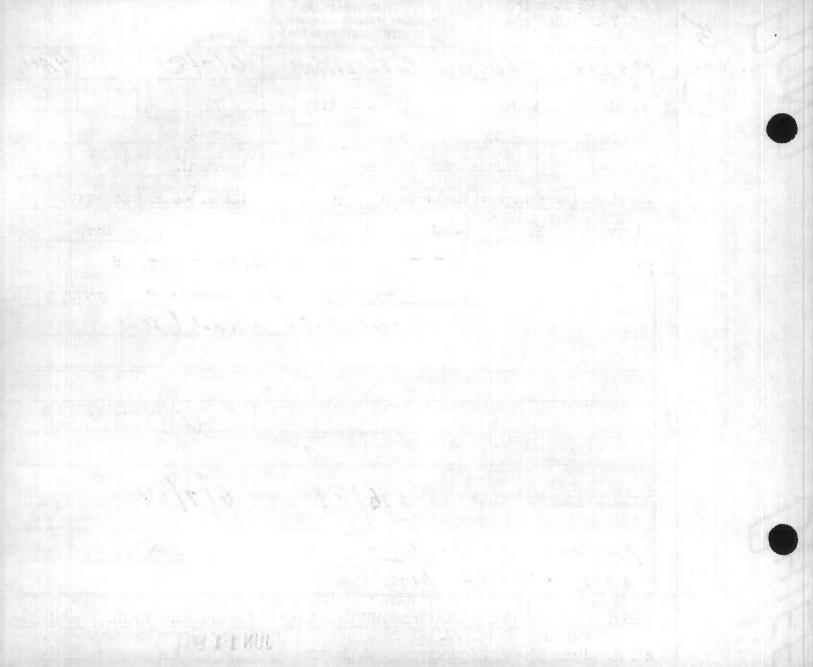
SSGIS ACT -The second state of the se

(VRA 15, 4)

STATE OF MARYLAND

when the same of t ALE LES DE MORT TEL SE LES LES LES DES DE LA CONTRACTION DEL CONTRACTION DE LA CONTR

		FOR 7/18/1984	rja	DEPARTA		E OF MAKTLAND EALTH AND MENTAL HYG	IENE 1	1 3	30
15)	1	STATE REGISTRAR	- 5			ICATE OF DEATH	8 REG. NO.	1 -	
4		CEASED NAME FIRST	1	MIDDLE G	Cic	121ANI	20. DAJE OF DEATH MONTH	DAY YEAR	7 AMM
4 (*X)	3. SE	x	4. RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
- 8 XX	Zo B	female IRTHPLACE (STATE OR FOREIGN	white	WHAT COUNTRY?	Feb.	5, 1914	9. BALTIMORE CITY OR COL	RS. INTY OF DEATH	
op.		Maryland	USA	WHAT COOKING	MARRIE	D NEVER MARRIED	WaShington	JATT OF BEATT	MD.
P 11 1977	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPATION		OF BUSINESS OR
201 as of		gerstown	WESTER	N MARYLAN	ID CEN	ITER	housewife	INO (IVE) INDUSTRI	
NND 21:	13a	AL RESIDENCE (# NURSING HOME STATE 136 COL Maryland Was		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (rd St. 2	1740
RYL 22 and thin	14. F	ATHER'S NAME	MIDDIE	LAST		IS. MOTHER'S MAIDEN NA	WE	1/2	AST
M by ountil			E.	Hartle		Bess		Bar	r
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rathending physician and completely filled in 59 as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should the and Mental Hygiene prior to burial, cremotion, or removal. Orker Dotter and a proper prior to burial, cremotion, or removal.		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	214-09-		Joann G. We	st, Hagerstown		
hysicii poper novol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause pe SED BY:	r line for (a), (b), and	dia	neswinta	my xuiler	APPRO BETWEEN	NONSET AND DEATH
N ST.		1749 IMMEDI	ATE CAUSE (o)	C A C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		80	7	urs.
death death of the control of the co		Canditions, if any, which	DUE TO, C	R AS A CONSEQUE	MEDI	tastatic .	Breast (28.	
W. PRI		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF				
s that s that s that s that s that s olease rial, o or ot		underlying couse lost.	(10)						
duire quire sign fhen fo bu	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO D	E AIH BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 1	(0,
oe low re Sn. hos been permit. I	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	Mn. AUTOPSY? 20b.	IF YES, WERE FIND ERTIFYING CAUSE YES T	INGS USED IS OF DEATH?
SICIAN: TI og physicia certificate rial-transit	ĕ	210. ACCIDENT WAS UNDERLYING			Y YEAR	The HOW INJURY OCCUR	RED (somewhater or major or m	M TE PART 1 OR PART 2)	
ON OF V	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMIN	iER) P	M.	19				
PHY thends	MED	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	THE LOCATION	cy con tony	COUNTY	STATE
Affe of the ork		22a.1 certify that (X (this has	pital) attended th	ne deceased from	6/6	1/84 10	6/7/8	4 10	, that (X (we) last
TTEN Pital TOR of He of He		saw the deceased alive on above, (I) (A)() (did) (A)()	on	19	1 01	s that in (my) (XX apinion	death accurred on the date and	hour and from the	**
OR A DIREC Dept.		27b. SIGNATURE)	Oner decini:)	DEGREE		22c. DAT	E SIGNED
		Man	Low	In 8	10	ATTENDING PHYSICIAN	MEDICAL STAFF		
O HOSPITAL TO FUNERAL Should be det with the State		228 PHYSICIAN'S NAME (TYPE	N/N/	A M	.0	22e. ADDRESS			
	23e	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	24 5	burial				II Cemetery	Hagerstown,	Wash., N	Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	24 1	UNERAL DIRECTORMINNI		ADDKE22		250. DAJ	UN 1 1 984	GERARESIGNA	Mentande
(VKA 13, 4)		415 E. Wilson	Blvd., F	lagerstow	n. Mo	21740	0		



Complete State of Complete Sta

				-	
	e		If portain	F 45.	
	100	्वेस्त , व का	en ed		
Commity	nor shirts	A	r a		the first
IBNO TAL	9 10	de marcos	combilities read.		mio juniografi
jangu etali	to the fit	m ny	mustarengali.	no Janiana	
z#	epilio i	I=-545			
7 to 2		roji djuk			C
Million (A)		r			
	Court Court				
di , versaldani,	myot ermus	were tweet of the	Foods I was how	F3-0	Chinhand
			manage. One e	1,25000	DAG-10-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

John H. Bast, Jr.

(VRA 15, 4)

and a fina = Andrews, Ph. - III II. S. E. Caronal

Exercise Colon Mills Survive Colon Files Survive Colon

CANIS .mv. simto-1 cli A relant relation comments

239- 05- 28hh ers. 3-roar- manner. Scensoro, M.

con . Dans, E. Booksbore, M. 2001

- Sell Court Light Man. Park Her-rescent, 1881. Co., M.

	FOR	DEDAR		MARYLAND H AND MENTAL H	VOIENE : 7	4 9
1-	STATE REGISTRAR			CERTIFICATE O	NA.	2 0 .
	ECEASED NAME FIRST	WIOOLE		LAST	28. DATE KNOWN A	MONTH DAY YEAR 25 HOUR
{TY	YPE OR PRINT)	S imm	erman	GRIFFITH	OF ESTI-	UNE 9 1984 A M
3 SE	Male White	S. DATE OF BIRTH MONTH DAY NOV. 6, 191	6. AGE (IN YEARS IF U	INDER 1 YR. IF UNDER	24 HRS. 24 DATE MIN PRONOUNCED DEAD JUN	NONTH DAY YEAR THE HOUR
76	BIRTHPLACE (STATEOR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COU	NTRY? 8 MAR	RIED NEVER MARRI	UM	COUNTY OF DEATH
10 C	CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME, OR OT		120 USUAL OCCUPATION TYPE OF FOR MOST OF WORKING LIFE) Warehouse Clerk	WORK 126 KIND OF BUSINESS
USU 13a.	JAL RESIDENCE (IF IN NURSING HOME	NTY 13c. CIT	Y OR TOWN gerstown	13d. INSIDE CITY LIMITS? YES X NO		21740
14. F	FATHER'S NAME FIOYO	Nebster	Griffith	15. MOTHER'S MAIDE FIRST Mae	N NAME MIDDLE	Lewis
160.	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 16b. SC	OCIAL SECURITY NO. -09-9318	Bessie M. H	128 East 1 Bovey Hagerstown	
	PART I DEATH WAS CAUS	DUE TO, OR AS A CO	CARCINOMA INSEQUENCE OF CHRONIC AL	615 B		BETWEEN ONSET AND DEATH 8 - 12 MOS. MANY YEARS
N O	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAI	RT 1 (a).	
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES □ NO ☒
CALCER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTI DEATH P.M.	H DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART	T OR PART 2]
MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WORK	21 PLACE OF INJUR STREET, FACTORY, FARM	Y IATHOME, 71f. L	OCATION STREET	CITY OR TOWN	COUNTY STATE
	ACTUAL SIGNATURE	ge of the remains described of the remains des	Svicide C	Homicide TITLE (SPECIFY) M.D. DEPUTY 217	Undetermined monner , MEDICAL EXAMINER WEST WASH INGTON	
74	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 6-12-84 Ro	NAME OF CEMETERY Se Hill Cen	or CREMATORY Metery	134 LOCATION Hagerstown, Was	shington, Md.
7 (5)) A	. K. Coffman Fun	erel Home The	Vecenate	wn, Md. JUN!	4	

A CALL OF MANAGE AND A STATE OF THE PARTY OF T .ori benus winds successions Dearwa Virgou ou Just 125 I and property as a sold of the SELECTION INCOME. THE SECOND CONTRACTOR OF THE PARTY OF THE PA · STORES STREET, THE STREET, IN STREET, II. JUNE & RISK STREET, III.

	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE REG. NO.	5 4 0
0	TYPE	ORPRINT) HELEN	Marie	Grimes	2a. DATE OF DEATH MONTH DA	6 84 220/A
age 4 may	3 SE	Temale	white	S DATE OF BIRTH MONTH DAY YEAR APRIL 1901	83 YRS.	FUNDER I YEAR IF UNDER 24 HR DMTHS DAYS HOURS MIN
death. P	C	RTHPLACE ISTATE OR FOREIGN OUNTRY! Md.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington	
in by the fu	B	OONS boro	OF NOT IN SUCH FACILITY, GIVE STREET	addressi norial Home	12r. USUAL OCCUPATION (117FE OF WORK FOR MOST OF WORKING LIFE) HIL. Maker	126. KIND OF BUSINESS OF INDUSTRY Home
in 24 in 24 in 24		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY Was	other institution, give residence before hington 130 Gity or tow Boons bo		100 Della Lan	21713
completely 1 and 2 shounded the completely 1 and 2 shounded th	14 F	Charles	Anderson	15. MOTHER'S MAIDEN NA Chloe	- MIDDLE East	on
ficate be execusive and copers. Pages 1 aboval.	16n \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) 1# YES, GME 10	war or dates) 166 SOCIAL SECU 219-01-		vers Same as #	¹ 13
w requires that the death cert an signed by the attending ph hen please remove carbon pa r to burial, cremation, or rem ny injury, or other traumatio	NO	Conditions, if ony, which gave rise to immediate couse to), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO E	SCVD	NINAL DISEASE OR CONDITION GIVE	years NINPART 1(0)
CIAN: The landician. Inficate has been insit permit. Thygiene prio	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
HYSIG physical his cert rial-tra Aental or Ite	MEDICAL CI	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA IF ETHER, NOTEY MEDICAL EXAMINER)	110110 4 14 11011111	AY YEAR 19 211 LOCATION	RED JENTER NATURE OF INJURY IN ITEM 18, PAJ	COUNTY STATE
PITAL OF ATTENDING P by the hospital or attending FRAL DIRECTOR: After it detached for use as the bu State Dept. of Health and h ANT: If Item 21 is marked	2	WHILE NOT WHILE AT WORK 72e I certify that (1) (this hospi saw the deceased alive on above. It (we is alive) (ded no 72e SIGNATURE	tol) ottended the deceosed from		death occurred on the date and hour	9, that (1) (we) lo
TO HOSPITAL retained by the I TO FUNERAL Is should be detect with the State D IMPORTANT: I	23e	BURIAL CREMATION, REMOVAL BURIAL CREMATION, REMOVAL	INCA M	Hagerstown Hame of CEMETERY OR CREMATORY Providence	23d LOCATION CITY OR TOWN	county STATE .dence Md.
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director Francis H. Bart		le, Md. 20879 30N	1984 Achia Javi	

7135K M. C. C. C. W. W. W. P. LILL AND THE RESERVE THE PARTY OF TH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH L DECEASED NAME MONTH 26. HOUR LTYPE OR PRINT) GRIMM June 30,1984 Leon Martin 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 4 RACE S DATE OF BIRTH IF UNDER 24 HR 3. SEX MONTH VEAR Feb. 1907 Male White **BALTIMORE CITY OR COUNTY OF DEATH** In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASHINGTON Grottos, Virginia USA IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR Rt. 2 Box# 70 (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Trucking Owner USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13a. STATE 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Rt. 2 Box# 70 Washington 21740 Maryland Hagerstown 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Martin Grimm Sally Ann Greer Newquestion ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Anna G.Grimm (item 13 above) 224-03-1971A no APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line top to), (b), and ic. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse lo), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO [] 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) ottended the deceased from sow the deceased olive on the 19 84, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE.SIGNED ATTENDING MEDICAL id be deto the Store [PHYSICIAN - DIRECTOR PHYSICIAN MPORTANT 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE Cedar Lawn Mem. Park Burial Hagerstown Washington Maryland 24 FUNERAL DIRECTOR 250 PATE REGID. BY REGISTRAR 756 REGISTRARS SIGNATURE A DE DHMH - 16 50M 4/83 (VRA 15, 4) Major M. Osborne Williamsport, MD21795

4K	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	REG. N	1 /	5 4	2
decurb decurb	(1799)		irsi ster		EVANS		mmond	June	MONTH	1984	26. HOUR
0.0	3. SE	mala		4 RACE Whi	+0	S. DATE C		6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
1)35		Maryland		IL CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	n		
299	Н	agerstown		Washir	ch facility, Give Street	address)	or other institution ospital	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Mechanic		(FE) INDUSTRY	notive
and build be	Ma	AL RESIDENCE (IF NURS TATE TYLAND	136 COUN		GIVE RESIDENCE BEFOR 134 CITY OR TOW Williams	/N	134 INSIDE CITY LIMITS? YES NO 🏋	Rt.3 Box	ZIP COD 274	[€] 21795	
210	IA. FA	Frank		len	Hammon		Vernie	Ellen		Cochrai	ie
Pages		VAS DECEASED EVER VES. NO OR UNKNOWN) YES		E WAR OR DATES)	213-18-		P.Jane Hammo	ond (iter		above)	
signed by the ottending hen please empre corb to buriol, cremation, or jury, or ather traumatic	NOI	A .	mediate ng the lost.	(b) DUE TO, C		ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART 1	0,
hos been permit ens prior	IFICAT	19a DATE OF OPERA					N WAS PERFORMED	200. AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED OF DEATH?
antificate isotherm med Hyg	CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING THE EITHER, NOTIFY MEDI	CAUSE OF DEA	TH HOUR A	DF INJURY M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2]	
feed or 1	MEDICAL	21d INJURY OCCUR	HILE 🗆		OF INJURY IREET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR A d for one of Healt a 21 k mg		22a certify that (1) spw the deceas abave (1) (we) (nd that in (my)(aur) apinion	death accurred on the d	ate and ho	out and from the	
describe fore Dept		22b. SIGNATURE	US.	400	,	m		MEDICAL STA	FF CIAN [6-1	SIGNED 16-84
PORTA		22d. PHYSICIAN'S N	AME ITYPE O	HOOD			1220 ADDRESS	. md.			

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Jun. 19, 1984 Cedar Lawn Mem. Park Hagerstown Washington Maryland
230. DATE REC'D. BY REGISTRAR 23b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Major M. Osborne Williamsport.MD 21795

MACHINE STREET, LANS AND ADDRESS OF THE PARTY OF THE PART world 1881 of same becommon to survey the many to New January W. Cale SELECTION OF THE PROPERTY OF THE PERSONS ASSESSED.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) John Hannar June Francis 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX IF UNDER I YEAR MONTH White 8 Male March To. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Washington County WIDOWED DIVORCED T New Jersev 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Stock Clerk Washington County Hospital Mack Truck Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS B Longmeadow Apts Washington Hagerstown YES | NOT Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Catherine Mvers James Hannan ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT LIF YES GIVE WAR OR DATES) Hannan Same as No Hannah APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ong) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ZIR. ACCIDENT WAS UNDERLYING. [21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH 19 OF EITHER, NIGHTY MEDICING EXAMINERS 214 INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWY MANE AT HOME STREET, FACTORY, OFFICE FARM, ETC. NOT WHITE T 22x I certify that (I) (this hospital) attended the deceased from and that in thy (cour) agains death occurred on the date and hour and from the causes stated U (we) (did not view the back after death 771/ SIGNATURE DEGREE THE DATE SOMED ATTENDING ATTENDING AMOUNT STAFF The ADDRESS 73e BURIAL CREMATION REMOVAL 23b DATE 23t NAME OF CEMETERY OR CREMATORY TH LOCATION St. Peter's Ch. Cen . New Brunswick New Jerse y 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 305 N. Potomac St. DHMH - 16 50M 4/82 Gerald N. Minnich Hagerstown, Maryland (VRA 15, 4)

MODERN AND SCREENINGS IN 1979 . A sin

BP.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	1

DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	the day	, NO.	5 4		
DLE	- 1	AST	20. DATE OF DEATH		AY YEAR	26 HOU	R
DETROW		HARP	6- 26-	84		6:0	0 am
	5. DATE O	e 10, 1896	6. AGE (IN YEARS LAS	T BIRTHDAY)	ONTHS DAYS	IF UNDER	24 HRS MIN
A .	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT WASHING		OF DEATH		MD.
SPITAL, NURSIN ACILITY, GIVE STREET RS MEMO		HOME	120 USUAL OCCUP LIVPE OF WORK FOR MC Ret . Supe		12b. KIND O INDUSTRY Shoe		
E RESIDENCE BEFORE COLTY OR TOW BOODS DO	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	Main St	. 21	713	
Harp		15. MOTHER'S MAIDEN NAME FIRST Edith	MIDDL		Det:	row	
214-09-		Mrs. Mildred	d Domer,	Hagerst	en Ave		740
e for (o), (b), an		BINED WITH CH	F			MATE INTER	
S A CONSEQUI	ENCE OF						
s a conseoui	ence of						
TRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	IN LAL DISEASE OR S	ONIDITION COVE			

18 CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR A Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR A underlying cause last. CERTIFICATION

21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH P.M 19

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21f. LOCATION

CITY OR TOWN

NOF

20a AUTOPSY?

COUNTY

NO F

STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED

DEGREE ATTENDING MEDICAL - PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

1500 Penna. Ave. Hagerstown, Md. 23d LOCATION

Burial

230 BURIAL, CREMATION, REMOVAL

22b SIGNATURE

FOR - STATE REGISTRAR DECEASED NAME

Male 7n BIRTHPLACE

I CITY OR TOWN OF DEATH

John

19a DATE OF OPERATION

BOONSBORO

Maryland

14 FATHER'S NAME

Yes

3 SEX

VERNON

136 COUNTY

I STATE OR FOREIGN Beaver Creek, Md 4 RACE White

Washington

Calvin

W. One

(IF YES, GIVE WAR OR DATES)

Th CITIZEN OF WE

U. S.

NAME OF HO

REEDE

6-28-84

23¢ NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

Boonsboro, Wash. Co., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

MEDICAL

John H. Bast, Jr.

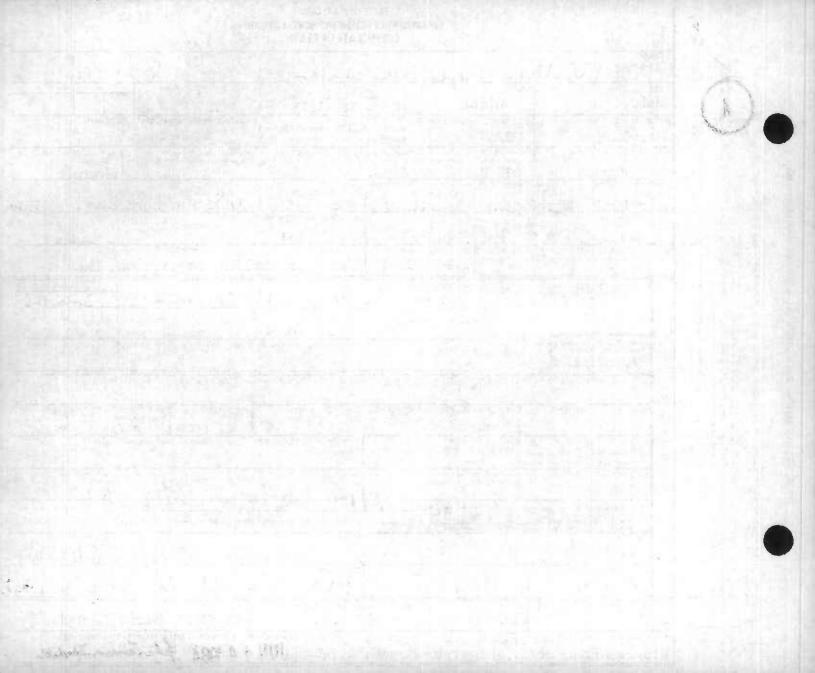
Boonsboro, Md. 21713

	10, 1896			Mal e
			E	Server Carco
et. Squarvigor Shoe Mg.				
22 S. Add St. 21713	X.	21,02,50	20 (11.13)	lasivol
WONLY	als Atti		ni Ine	
107 Alen Ave.	bewell .sw	4615-60-913	75.0	not
			Sacrana .	
ve. Hagerstorm, Mi. 217b0				
	утольной ото			

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

STATE OF MARYLAND



U			STATE OF MAKILAND		
	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE REG. NO.	5 4 0
	1. DECEASED NAME CATHERY		Hatfield	20 DATE OF DEATH MONTH DAY JUNE 3	84 9:45 @ M
	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER TYEAR IF UNDER 14 HRS
4	female MERITHPLACE (STATE OR FOREIGN	white The CITIZEN OF WHAT COUNTRY?	3 31 20	9 BALTIMORE CITY OR COUNTY OF	EDGATH
ì	COUNTRY)		MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Washington	
d	Maryland OCHYOR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR INDUSTRY
r	Hagerstown	Washington (County Hospital	housewife	INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b. COUN	NTY 13c. CITY OR TOW	VN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	21740
M	aryland Wasl	hington Hagers	Stown YES NO X	E. Northern	Ave. Ext.
	John	MIDDLE Semler	FIRST	WIOOFE	Andrews
4	In WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	
	NO NO	212-78-	-1082 Mrs. Anita	a Snyder, Hager	
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL PROPERTY OF THE TOTAL	ence of Co	Pronchagenic vilholad	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 intracticy 7 months
	PART 2 OTHER SIGNALICANT	conditions contributing to	DEATH OUT NO PROJECTED TO THE TERM I'VE UMENCE OPERATION WAS PERFORMED	AIN AL DISEASE OR CONDITION GIVEN Y SOLA FE TIMES 200 AUTOPSY? 200. IF YES, V	VERE FINDINGS USED
	19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED /	YES NO YES	NG CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive on	ital) attended the deceased from 19 on view the bady after death.	DECREE ATTENDING	to	nd from the couses stated
	22d PHYSICIAN'S NAME (TYPE OF	Brull	PHYSICIAN PHYSICIAN 1459 Pol	onec Ave. 1	agenstown
	236. BURIAL, CREMATION, REMOVAL burial		NAME OF CEMETERY OF CREMATORY Rest Haven Cem.	23d LOCATION CITYOR TOWN	STATE STATE
	Durrar	hans o'Thot	rest naven cell.	Hagerstown, Wa	asn., Mary Lan

TO FUNERAL DIRECTOR:

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR
415 E. W.

June 6,1984 Rest Haven Cem.

TOR MINNICH FUNERAL HOME
Wilson Blvd., Hagerstown, Md. 21740

n Cem. Hagerstown, Wash., Maryland 250. Date RECD, BY REGISTRAN 250 FEMALE MANUAL MARKET STATE OF THE PROPERTY OF THE PROPERTY

AND THE MENT OF THE PERSON OF A transfer of the state of the Chamilton Colonia Colonia Colonia MARKET ME BY BY BY BY

executed

death

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

		FOR STATE REGISTRAR		DEPARTN	CERTIF	E OF MARYLAND BEALTH AND MEN' ICATE OF DEA'	TH	8 4 REG. !	-	7 5	41
		PRINT)	N T	DENNIS		EWETT		20. DATE OF DEATH	JUNE :	17, 198	2b. HOUR 0: 40
)	3. SEX		4. RACE	ΓE	5. DATE O		902	6. AGE (IN YEARS LAST B	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
15	PE	THPLACE (STATE OR FORE ONN SYLVANI	A U.S.	OF WHAT COUNTRY? A DE HOSPITAL, NURSIN	WIDOW		CED	WASHING	TON.		MI MI
19	H/	AGERSTOWN	WAS HOME OR OTHER INSTITUTE	HINGTON C	ÖÜÑT	Y HOSPI	TAL		OF WORKING LI	RATL	ROAD
99	130 S	RYLAND W	ASH	HAGERST		13d. INSIDE CITY L YES NO		1701 Gar	den	Ln.22	21740
10	W]	LLÍÅM	WARNER	HEWE	TT	CARR		WIDDLE		SUFFE	COOL
/	16a. W	AS DECEASED EVER IN I	925-29	5? 166. SOCIAL SECU 705-10-		17 INFORMANT ROBER	T L.	HEWETT		AS #1	3
		Conditions, if any, wl gave rise to immed cause (a), stating	DUE TO hich (b)	O, OR AS A CONSEQUE	NCE OF		Dise	ASE - SEVE	RE		MATE INTERVAL ONSET AND DEATH MENTS YEARS
2	CERTIFICATION	PART 2. OTHER SIGNIFI		SCONTRIBUTING TO D		The same		200 AUTOPSY?	20b. IF YE	S, WERE FINDING CAUSES	NGS USED
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	EXAMINER) A 10 PLA	E OF INJURY A.M. MONTH DA P.M. CE OF INJURY E. STREET, FACTORY, OFFICE, F	19	21t. HOW INJURY	Y OCCURRI	ED (ENTER NATURE OF IN.		PART 1 OR PART 2)	STATE
		220. I certify that (I) (IV) sow the deceased cobove Himmy did) 22b. SIGNACURE 22d. RHYSICIAN'S NAME	(at change wife the be	The deceased from	APRIL 84	DEGREE ATTEM	NDING	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗆	22c. DATE	
4	23a B	EDWARD W.			IAME OF C		AGERS	STOWN, MAR			MÖ

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP_

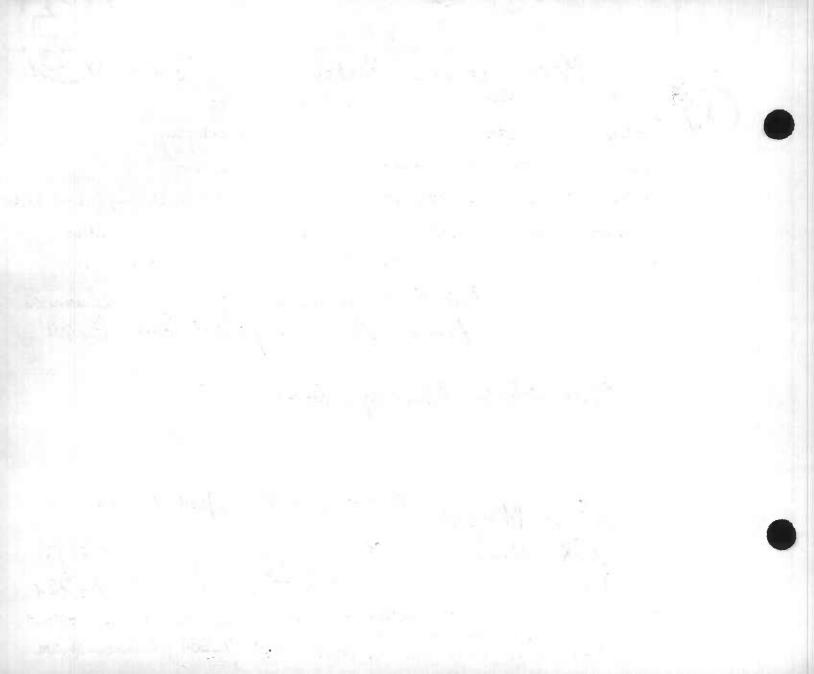
25

Table Late AND THE RESIDENCE OF THE PARTY Well . CO ample TERMINA MOTOR LOCAL TOUR . . settle strik . Sales H : 12 T 264

5-	Ľ	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIEN TH	R	EG. NO.	7	ب	4 8
noy be moy be good and good an	1. DE	reased NAME (OR PRINT)	Yav	y A RACE White	enad	5. DATE C		VEAR 6	AGE (IN YEARS)	June	MONTHS	YEAR 84 ER I YEAR DAYS	2b. HOUR 12-02 A M IF UNDER 24 HRS. HOURS MIN.
ofter deoth. Poge of with a funner dearth of the fu	M 10 C	RTHPLACE (STATE OR I COUNTRY) aryland ITY OR TOWN OF DEA agerstown		76 CITIZEN OF USA 11. NAME OF JIF NOT IN SUI Washin	HOSPITAL NU	TRY? I MARRIE	D NEVER MAR	RIED 9	Washi	ngton UPATION MOST OF WORKIN	ITY OF D		MD. F BUSINESS OR
within 24 hours letely filled in b d 2 should be fill	USU 13a M	AL RESIDENCE LIF NURS	Wash		GIVE RESIDENCE	BEFORE ADMISSION) TOWN STOWN	134 INSIDE CITY (AIDEN NAME	STREET ADD	RESS / ZIP CO Beech	WOOC	l Dri Alsi	
be execut on ond co s. Poges medical	16a N	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. AR		16b. SOCIAL	SECURITY NO. 6-2468	17 INFORMANT			address gersto	wn,	Md.	
quires that the death certificate signed by the ottending physicic hen please remove corban paper to burial, cremation, or removal. ijury, or other traumatic event, the	z	PART 2 OTHERSIGN	, which mediate ag the lost	DUE TO, C	DR AS A CONS	EQUENCE OF		TANCT MONY	Vesse	(Air	GIVEN IN	157	MATERIALE AND DEATH MINIST AND DEATH MINIST AND DEATH MINIST AND DEATH
The low reform.	CERTIFICATION	19a DATE OF OPERA 21a. ACCIDENT WAS UNI	DERLYING _] 21b. TIME (OF INJURY		WAS PERFORME			IN CEI	RTIFYING YES [CAUSES	GS USED OF DEATH? NO []
NG PHYSICIAN: ottending physicians the this certification of the buriol-transity and the ond	MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI- 216. INJURY OCCUR! WHILE NOTIFY AT WORK	CAL EXAMINER RED HILE RK	21e. PLACE (AT HOME, SI	.M. MONTH .M. OF INJURY IREET, FACTORY, OI	19 FFICE, FARM, ETC.)	211 LOCATION STREET		cii	Y OR TOWN	C	OUNTY	STATE
SPITAL OR ATTENDIA d by the hospital or NERAL DIRECTOR: A be detached for use e Store Dept. of Heal		220.1 certify that all sow the leceos above all five) (1					PHY	NDING	, to	STAFF		from the c	hat (II) (we) lost ouses stated
TO HOSPITAL retoined by the TO FUNERAL should be detroited with the Store important.		BURIAL CREMATION	ert REMOVAL	Bru 1236 DATE	5,1984		EMETERY OR CREATE OUT OF CREATE OUT OUT OF CREATE OUT OF CREATE OUT OF CREATE OUT OF CREATE OUT	ASTORY MATORY	MAC /		Ha	gen	Con

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

O DITEREC'D. BY RE 256 REGISTRAR'S SIGNATURE



	10	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL I ICATE OF DEATH	IYGIENE	REG. NO.	7 5	4 9
poge 3			CEASED NAME OR PRINT)	Lee	, R	oy Ha	Holle	inshead .	?e. DATE	OF DEATH MONTH	DAY YEA	1 08-
Pog		3. SEX	(1 4	RACE	1101	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 24 HRS
1	1	M	ale		White		Jan.		81	YR	s.	AYS HOURS MIN.
62	C(A)	(RTHPLACE (STATE OR FO	2		WHAT COUNTRY?	MARRIE	D X NEVER MARRIED		MORE CITY OR COU	NTY OF DEAT	
X	10		elch Run,		U. S.		WIDOWE	DIVORCED DIVORCED		shington ALOCCUPATION	12h KIN	MD. ID OF BUSINESS OR
and the	A 14	100	agerstown		(IF NOT IN SUC	HEACILITY, GIVE STREET TON COUL	ADDRESS)		(TYPE OF W	VORK FOR MOST OF WORKIN	GLIFE) INDUS	
of be	27	USU	AL RESIDENCE (IF NURSI	136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	134 INSIDE CITY LIMITS	? 13e.STREE	T ADDRESS / ZIP CO	ODE	21756
y fill shou	18/		aryland	Wash	ington	Keedysv.	ille	YES (X) NO []		S. Main S	U •	21750
mpletel	210	14. FA	THER'S NAME FIRST Unknown	м	IDDLE	tAST		Edith	NAME	Keefer	ŀ	fummert
d co	100		VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	- 500	ADDRESS	51 S. 1	Main St.
Pog	med	N	O OR UNKNOWN	IF TES, GIVE	WAR OR DATES	220-30-	9240	Mrs. Genev	a V. He	ollenshead		raville Mo
ending physicial corbandader	matic event, th			AS CAUSED IMMEDIATE	CAUSE (o)	line for (o), (b), on	gine	Shock +E		al Mechas		PROXIMATE INTERVAL PEN ONSET AND DEATH HOWEL 2 days
d by the of	or other trace		Conditions, if ony, gove rise to imm couse (01, stoting underlying couse	nediate g the last	(c)	R AS A CONSEOU	tw	e Heart	Euli	ret Edin	nay	12 days
Then p	niury,	NO NO	PART 2 OTHER SIGN	IFICANT CO	onditions co	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	1 - 12	ASE OR CONDITION	GIVEN IN PAR	RT No.
has bee	2	CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	700 AL	IN CE		NDINGS USED JSES OF DEATH? NO
iol-trons	m / m		710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	H	M. MONTH D	AY YEAR	21c HOW INJURY OCC	CURRED (ENTER	R NATURY OF INJURY IN ITEM	IS PART I OR PAR	T 2)
s the bur	rked or it	MEDICAL	21d. IN JURY OCCURR	ue 🗀		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNT	Y STATE
for use o	21 is mo		22a. I certify that (I) saw the decease obove. (I)(we) (of five on_	6-18	19 \$	4.	nd that in (my) (our) opin	ion death occu	G - 28 orred on the date and	hour and from	the couses stoted
DIREC	if them	13	276 SIGNATURE	10	4/	S A	0	DEGREE ATTENDIN	G MEDIC	AL STAFF	22c. D	ATE SIGNED
NERAL be del	TANT		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT	007		PHYSICIAI 22e ADDRESS	DIRECTO	OR PHYSICIAN	16	Frey
bould hould	0/		V	VS	HOO	D		HAC	1,			

23c. NAME OF CEMETERY OR CREMA

Fairview Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

retained by the haspital or attending physician.

John H. Bast, Jr. Boonsboro, Md. 21713

7- 2- 84

236. DATE

730. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

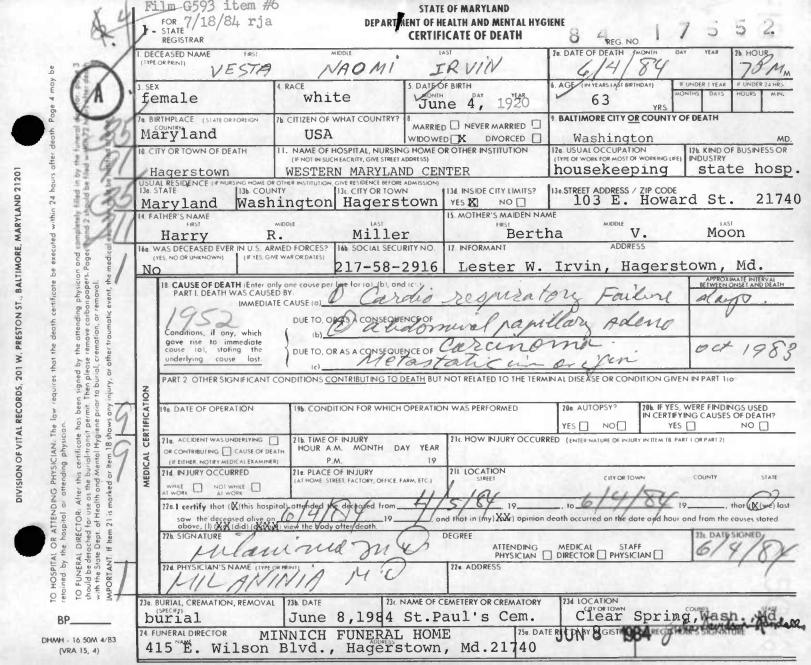
73d LOCATION CITY OF TOWN STATE Wash. Co., Md.

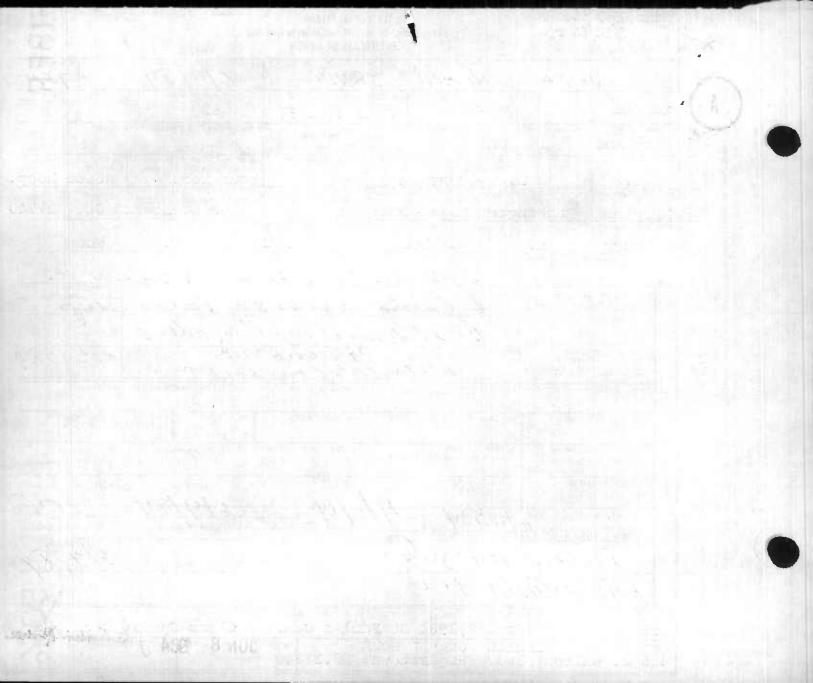
	Declerated you see
18	M20 Jan. 1, 1903
1.00 (1.79)	elon dun, Ps. U. P
rotural record	Hagaratown Amenington County Hospital
51 5. Min St. 21755	Maryland somblement needysville
diament ustana	Unional subta
V. iollenshead, Keedynville,	
	N. January (15) by A.
Select Change Belle	
	Company of the compan
es reville, mean Co	Burick 7- 2- 8h Pakeview Comebely
was group the said	John H. Bast, Mr. Sconsbore, Md. 27713

19 VIII. 18 . And the first of Set the controllers of the controllers of the control of the contr THE RESIDENCE OF THE PARTY OF T The transfer of the same of th

/ 1					ARYLAND					
FOR STATE REGIS			DEPARTMENT OF H			10	TUES	s. No. 7	5 5	-
1. DECEASE (TYPE OR PR		stian	John	H	OPPE, S	R.	20 DATE KNOW OF ESTI- DEATH MATE	N MONTH	DAY YEAR	26, HOUR 11:0
3. SEX male	4 RACE white	5. DATE OF BIRTH DAY Oct. 18,	YEAR LAST BIRTHDA	() MONTH	DER 1 YR. IF UND		PRONOUNCED DE AD	JUNE	13 ₁₉ 84	R 24 HOUR
BIRTHPL FOREIGN O MICH	LACE (STATE OR COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY?	MARRI	ED NEVERMA	RRIED C	9. BALTIMORE CI Washir		ITY OF DEATH	MD.
Hager	stown of DEATH	Room 408	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) 3. Dagmar Ho	tel	ER INSTITUTION	FOR M	IAL OCCUPATION NOST OF WORKING LIFE icker		Or indus	STRY
JSUAL RES 30. STATE Mary	IDENCE (IF IN NURSING HOM) 13b. COU 1and Wash	or other institution, gr nty nington	134 CITY OR TOWN Hagerstown		13d. INSIDE CITY LIMITS YES 🔀 NO	2 13e. STRE	Dagmar Ho	otel, F	₹m. 408	21740
	Henry	William			15 MOTHER'S MA		Jane		DeWin	ters
Yes No.		WAR OR DATES)	166 SOCIAL SECURITY	NO.	John H	. Нор	pe, Hya	RESS Lttsvi		Id.
	CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI Conditions, if any, whice gove rise to immediate cause (a) stating the underlying cause lost.	ED BY: ATE CAUSE (o) #30 DUE TO, OR (b) #47	03 - ACUTE 8 AS A CONSEQUENCE CO 29 - ARTERIO AS A CONSEQUENCE CO	F SCLE	AND	E L		ISEASE	MANY	ZO YRS
	2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN	PAR)] (a),				
TIFIC	DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	ATION W.	AS PERFORMED?				20 AUTOPS	
CON	EXTERNAL CAUSE WAS PERLYING OR PERLYING CAUSE OF PERLYING CAUSE OF	DEATH P.M	MONTH DAY YEAR		OW INJURY OCCUP	RED (ENTERN	NATURE OF INJURY IN IT	EM 18 PART 1 OR P	ART 2)	
			TORY, FARM, ETC.)		TREET		CITY OR TOWN	C	OUNTY	STATE
dec	UAL S D	urol couses X.		Autops	Homicide TITLE (SPECIFY)		Inquiry,	and in my o	JUNE 1	15.1981
EXA	MINER'S NAME EDWAR	RO W. DITT	o, 111, M.D.		217 ADDRESS HAG	WEST	CALEXAMINER WASHINGT	ON STRI	EET	,,,,,
Crem	ation ALDIRECTOMTNNTO	June 14,	1984 Smi L HOME Hagerstow	thsk	ourg Cre	m Sn	CATION ORTOWN Mithsbu: REGISTRAR 256. Julia David		SIGNATURE	STATE

TERRESPONDED TO THE PROPERTY OF THE PARTY OF EARLY TENNESSEE TO THE CANADACTOR AND ADMINISTRATION OF A SECOND CONTRACTOR OF A SECOND CON TOUTH THE PERSON TO SEE WAR TIME, SEVENIE OF STREET and the second state of th





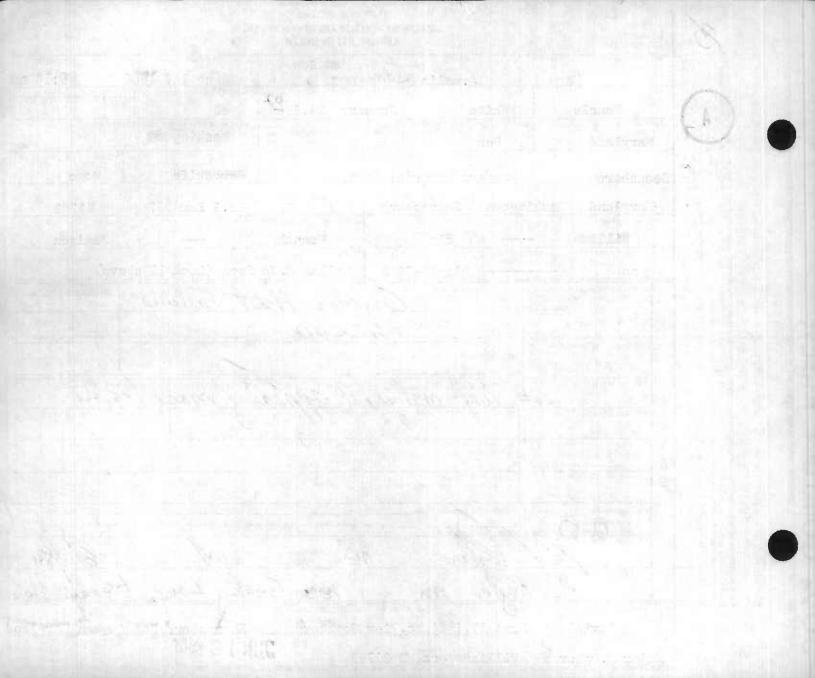
. 1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1 5 5 0
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MON	NTH DAY YEAR 26 HOUR
2 5	MICHAEL K JACKUMY DEATH MATED 5 SEX 14. RACE 15. DATE OF BIRTH 16. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MON	TH DAY YEAR 2d HOUR
	M Sept. 25, 1952 31 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD	3 1084 243 M
-	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C. 76. CITIZEN OF WHAT COUNTRY? Widowed Divorced Widowed Morced Widowed Divorced Washin	gton Co., MD.
	Lisual Occupation (Type of wo lost in such facility, give street address) Lagerstown Lagerstown Laborer Laborer	OR INDUSTRY
30	SUAL RESIDENCE (IF IN NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE Maryland Prederick Prederick 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 13Th Teast Firt	h Street
_	FATHER'S NAME Charles Charles Charles Cora Lea	Stine
60.	was deceased ever in u.s. armed forces? (yes, no or unknown) (if yes, give war or dates) - 217-56-1025 Tree Dr. Middletown. N	7303 Beech
>	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVUS hed CHEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
	Canditians, if any, which gave rise to immediate (b)	
	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
N.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
CERTIFICATION	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 C	YES NO.
MEDICAL	UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OLD AM TUN 3 1994 HOAR OU GOLLSIN	
MED	WHILE NOT WHILE AT WORK HILE AT WORK HILE AT WORK AT W	COUNTY STATE
		y apinian
	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner,	
	ACTUAL DATE DATE	STE Jun 384
	EXAMINER'S NAME H. N. WERKS ADDRESS 580 Northern AT Hage	votom led
(3e.	Burial Tunes, 1984 Resthaven Mem. Gardens Frederick	COUNTY STATE Frederick Md.
24.	FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR	S SIGNATURE
	106 E. Church St. Frederick Md JUN 7 1884 Julia De	vidson-Randelle

... secondential THE STATE OF STREET . The state of the Boards ruftin des - I Dardock J. Johnson Line on the control of the control o the potations is not an error of the contract of the contract

Subject of the state of the sta

And the state of t

2	١,	Item #5 FOR STATE	G592	6/2			E OF MARYLAND FEALTH AND MENTAL	L HYGIE	NE ,	7		4
		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	1		
e ~£		CEASED NAME E OR PRINT)	FIRST	T MIDDLE LAST			Jamison	Jamison 20. DATE OF DEATH		MONTH DAY YEAR 26. HOUR		
oge death		Ma		A.melia Jami:					June 14, 198			
9 6 F	Female To BIRTHPLACE (SLATE OR FOREIGN COUNTRY) Maryland To CITY OR TOWN OF DEATH BOONShore			White 7b CITIZEN OF WHAT COUNTRY? Usa		January 24,1984 MARRIED NEVER MARRIED MIDOWED DIVORCED		84		YRS.	INDER LYEAR	HOURS MIN.
d to									Washington		F DEATH MD.	
s ofter of the filed with				11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Reeders Memorial H			LOME		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR Housewife	12b. KIND OF BUSINESS OR INDUSTRY Home		
filled in could be immost be	USU 13 ₀ .	AL RESIDENCE (IF NURSING	SHOME OR OTH IB. COUNTY Washir	HER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Sharpsb	ADMISSION)	13d. INSIDE CITY LIMITYES NO K		Rt.1 Box#36	7	217	782
ompletely and 2 sh	14. F.	ATHER'S NAME FIRST William	MIDI	DIE	Ely		15 MOTHER'S MAIDE FIRST Hannal				Jamis	
AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execut the hospital or attending physician. AL DIRECTOR: After this certificate has been signed by the attending physician and contended for use as the burial-transit permit. Then please remove carbanopapers. Pages 1 attempts of Health and Mental Hygiene prior to burial, cremation, or removal. If them 21 is marked or them, 8 shows any injury, or other traumatic event, the medicals.		WAS DECEASED EVER IN YES NO OR UNKNOWN) NO		MED FORCES? 166 SOCIAL SECURITY NO. 215-20-8883			Dallas R.	.Jam:	ADDRESS Jamison (item 13 above)			
	CAL CERTIFICATION	Conditions, if ony, we gove rise to immediate course (a), stoting	vhich	DUE TO, OF	R AS A CONSEQUE	NCE OF	SCVD	Jean	I failure			NATE INTERVAL
		PART 2 OTHER SIGNIF	Lot	2 (U)	of mal	1900	- 4 1.11	TERMIN	AUTOPSY 20b.	IF YES, W	FRE FINDING	GS USED OF DEATH?
		210, ACCIDENT WAS UNDER		21b. TIME O			21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJURY IN III	YES [NO 🗌
		OR CONTRIBUTING CAU		HOUR A./		Y YEAR						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE C	OF INJURY EET, FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		22a.1 certify that (I) (the saw the access to above 11) well did				, or	nd that in (my) (our) ap		_, to oth occurred on the dote on			not (I) (we) last ouses stated
		27b. SIGNATURE	CZ	len	In .		DEGREE ATTENDIT	ING	MEDICAL STAFF		224. DATE S	14/24
TO HOSPITAL TO FUNERAL should be der with the State IMPORTANT: I		22d. PHYSICIAN'S NAM	LA A	Wer	no		22e. ADDRESS	Ger	This Lane	, 6	Teedy	15v1/1/0,
	23a	BURIAL, CREMATION, RE		ZAV DATE			EMETERY OR CREMATO	ORY	23d LOGATION	c	OUNTY	STATE
BP	24.5	Burial UNERAL DIRECTOR	U	June 17	,1984 Mt.	.View	Cemetery		Sharpsburg V	Vashi	ngton	Maryland
DHMH - 16 50M 1/BI (VRA 15, 4)	Major M. Osborne Williamsport, MD 21795 256. DATE PEC D BY SEGISTRAT SIGNATURE ADDRESS ADD											REASTA



STATE OF MARYLAND

The second and the second seco 2 mg The are the second of the seco TO THE TAX OF THE PARTY OF THE PARTY. White and the state of the stat The state of the s FOR

(VRA 15, 4)

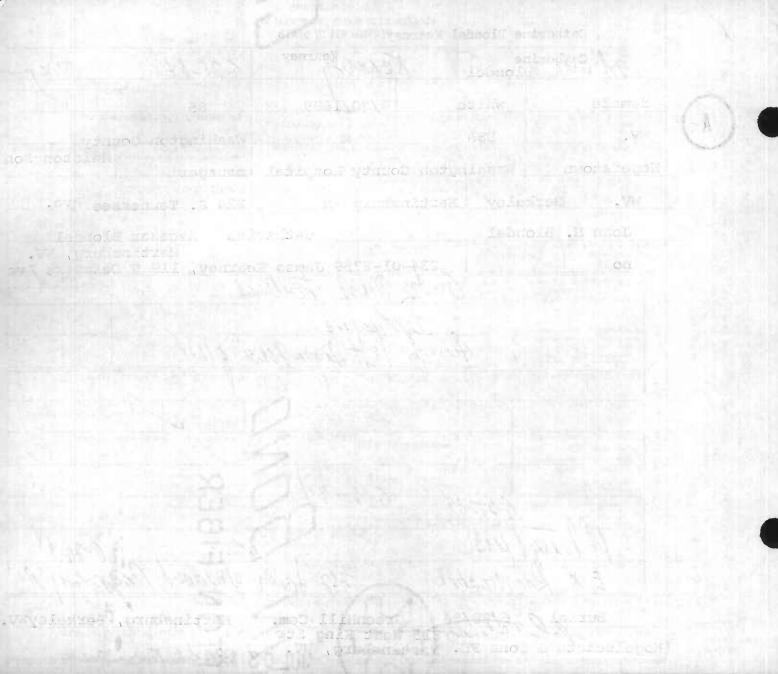
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TOTAL AND THE REAL PROPERTY. SET THEOU The sente I was I was the sent that the sent will be the Best tund at a sender water and desired AND LESS SOLES . THE CAPTED AND LESS SEED AN of the state of th

6 21 80 2		BANKOL			
	2 1	color 19, les)		- effects
	ed gratuuna		• 1) 1	5.3 E.5	Surjugues !
ou paraditi uo	torposit con	DRION BHT		19-00	into Jugo pali
j = 1. − .	d dan Al	A.	mioristinas	not relibere	
in State of the	MEA	550	тепо,	atrick	Yerreli
, , ,	e es 15	.D uniform G.	2740672	nos Agg Ang	D-

STATE OF MARYLAND



- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

see # 13 APPROXIMATE INTERVAL 24 Hours Less Less than 24 hrs. Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) COUNTY STATE 84 and that in (my) tow apinian death accurred on the date and hour and from the couses stated 22c DATE SIGNED 6/20/84 Western Maryland Center, Hagerstown, Md Smithsburg Crematory Smithsburg "Maryland" 305 N. Potomac St 250 DATE REC'D. BY REGISTRAR 258 REGISTRAR 9 SIGNAR DE de 100 JUN 25 1984 Hagerstown. Md. Gerald N. Minnich

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

THE HOUR

12b. KIND OF BUSINESS OR

steel

The second transfer of the state of the second transfer of the secon Land all the matter and the matter than a second

FOR - STATE REGISTRAR

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 DATE OF BIRTH

MONTH

2a. DATE OF DEATH MONTH YEAR 2h HOUR 15 06 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 66

4. RACE 3. SEX

atherine

2 THE CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED DIVORCED

DAY

YEAR 1917

9. BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR INDUSTRY

ID CITY OR TOWN OF DEATH

Ta BIRTHPLACE ISTATE OR FOREIGN

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

102 Stonecrof

FGION

SYLLVESTER

CERTIFICATION

MEDICAL

8

ORTANT

should be with the S

DECEASED NAME

MARYTAND

LITYPE OR PRINTS

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

IMMEDIATE CAUSE 101

RICKETT

17 INFORMANT

15 MOTHER'S MAIDEN NAME

MIDDLE

NTANENCE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

166. SOCIAL SECURITY NO.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Meadowood

Conditions, if any, which gove rise to immediate couse (o), stoting the underlying last couse

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101

21a. ACCIDENT WAS UNDERLYING	216. TIME OF I
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.

NILIRY HOUR A.M.

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)

20g AUTOPSY?

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] YES [

LIF FITHER NOTIFY MEDICAL EXAMINERS 214 INJURY OCCURRED NOT WHILE WHILE

MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION SIRRET

COUNTY

220 I certify that (that hospital) attended the deceased from sow the deceased alive on above. (1) (we) (ald) (del not) view the body after death

ATTENDING!

PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR HAVEN

DEGREE

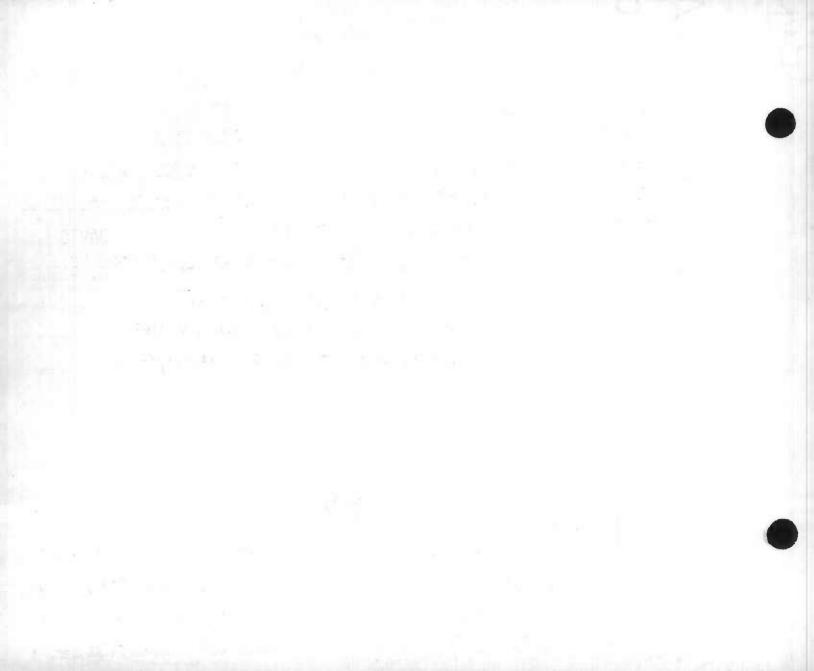
in (my) (our) opinion death occurred on the date and hour and from the causes stated

BURIA

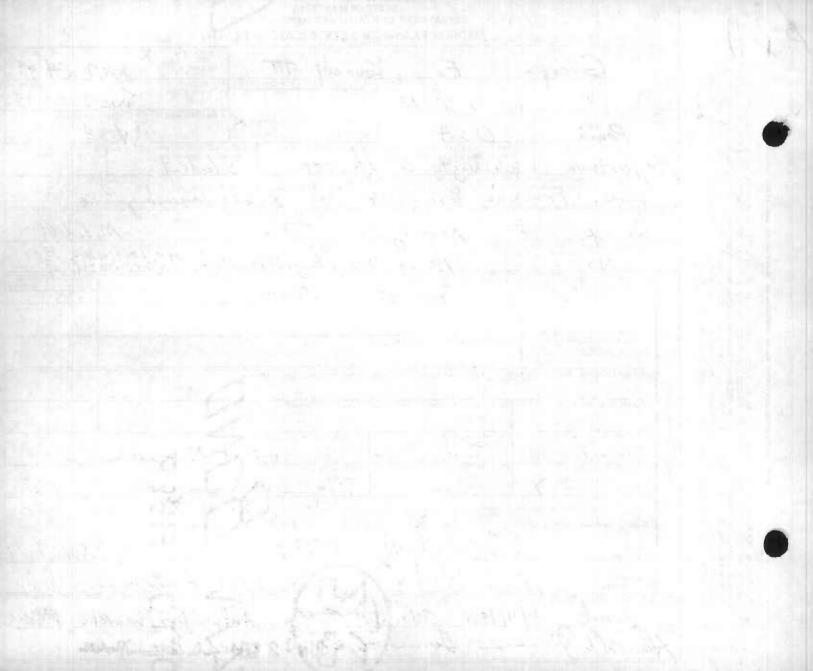
226 SIGNATUR

DHMH - 16 50M 4/83 (VRA 15, 4)

Hagerstown



100		TH	STATE OF MARYLAND	
16 -	12	1	STATE W/FH 6/26/84jlb DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 6 1
1000	14		REGISTRAR per phone conv MEDICAL EXAMINER'S CERTIFICATE OF DEATH. REGINO.	3 0 1
183		1 DEC	EASED NAME FIRST MIDDLE LAST, 20 DATE KNOWN MONTH	DAY YEAR 26. HOUR
a M		(TYP!	OF ESTI- OF ESTI- TO DEATH MATED TIVE	H 04 015
7.00.1	での記述を	-	Section Amin's	1 1807 9A M
E !	PER SE	3 SEX	4. RACE 5. DATE OF BIRTH S. DAYE OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d. HOUR
-	ESSIN N	/	W Nov 10 70 13 YRS. DEAD JULIE	7 1984 9% M
2	300 至 至 五		RTHPLACE (STATE OR 75. CITIZEN OF WHAT COUNTRY? B. 9. BALTIMORE CITY OR COUNT	Y OF DEATH
	の割り作品	FOI	MARRIED NEVER MARRIED	- 4
	22023	10.00	Part VISTA WIDOWED DIVORCED LI	MD. 12b KIND OF BUSINESS
10	5 # 2 # 3	V	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK I	OR INDUSTRY
42	BE PA	17	agers town / Washington to Hospital Student	
H -	AN DE STED BOOK	MUSUA	I WILLIAM IN NURSING-HOME OR OTHER INSTITUTION, GREATESIDENCE BEFORE ADMISSION . 13/90 MOLLY PITCH	er hwy.
20	ANY AND AND FETA FECO RECO	13e. 5		44441
	A A A A	1	Jenne. Tranklin to reencestle YES NOW 640 Laster ching to	7-6-1-1
₩ Q	H. A. 3.	114. FA	THER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	JAST .
Ä,	R DEATH. IF ANY C AGES 1, 2, AND 3 RM PM 3. RETAIN 1, AND 2 SHOULD 1, AND 2 SHOULD 1, AND 2 SHOULD 1, AND 2 SHOULD		George F. Keinely Tr Jane	1, tchell
Q	DOS TO	16a V	VAS DECEASED VER IN U.S. APMED EDUCES? THE SOCIAL STOCKET YOU IT, INFORMANT ADDRESS	1 21
PRESTON ST., BALTIMORE, MD. 21201	NURS AFTER DEA 18. GIVE PAGES WITH FORM P IIT. PAGES LAN DIVISION OF	(YI	S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	store site
N N	PAHE		NO 180-54-5605 Rought landly Atterne	5.54p.10
- 2	8.8 ¥ E.Q.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N N	V 24 HO V ITEM I ALONG IT PERM YGIENE,		MMEDIATE CAUSE (a) Bray 5km Con USIM	MYS
5	22 E O O O O O O O O O O O O O O O O O O	1	DUE TO, OR AS A CONSEQUENCE OF	
E	AL HY REMO		Conditions, if any, which	
-	A A A A A		gave rise to immediate (b) DUE TO OR AS A CONSEQUENCE OF	
>	IN PENCIL EXAMINER IAL - TRANS		cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W.	D BE EXECUTED WITHIN 24 HOI PENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG I AS A BURIAL - TRANSIT PERMIS CREMATION, OR REMOVAL.		(c)	
SQ	A A B S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ō	D BE EXE ENDING MEDICA AS A BU CREMA	N N		
<u>a</u>	L CHEAN	CERTIFICATION	198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Z		문		- 1
5	20 H = B -	E	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART TOR PAR	YES LI NO
Ö	CERTIFICATE SHATING THE WORLD BE CE 3 SHOULD BE E DEPARTMENT OF PRIOR TO BE		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING DOR HOUR ARM, MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN TIEM 18 PART TORPAR	[2]
N N	5 - 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. JUNG 1984 THYOUNG OUT OF Trule Del	
ISI	ERTING ING ISHO FRICEPA	Ē	216. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION	
ā	ER: THIS CERTIFICATE ATE, WRITING THE W ORWARDED TO THE WE, PAGE 3 SHOULD HE STATE DEPARTMED D, 21201 PRIOR TO	1 2	WHILE AT WORK AT WORK TO STREET, FACTORY, FARM, ETC.) RT16 0075, de GADGE GAD	NTY STATE
	WARI WARI		ATWORK ATWORK 7 15014 15116 GUERRITE	1/4.
	A S S S S S S S S S S S S S S S S S S S	1	228. Leerlify that Ltoak charge of the remains described above, held an Autopsy 🔲, Inspection 💢 Inquiry 🛂, and in my opi	nion
	MIN FIFTC BE F FCTC FH TI	Y	death resulted fram: Natural causes, , Accident , Suicide , Hamicide , Undetermined manner ,	
	S S S S S S S S S S S S S S S S S S S		TITLE (SPECIFY)	
	MCAL EXAMINER: ETHE CERTIFICATE SHOULD BE FOR ERAL DIRECTOR: EATH, WITH THE S DRE,		ACTUAL DATE DATE	CIN 784
	SHY SHA	1	SIGNATUREM.DMEDICAL EXAMINER SIGNED	5,1010 1 11
	STAN STAN		EXAMINER'S NAME II NORKS COSN, The Hunt	1.0
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTMORE,		(TYPE OR PRINT) ADDRESS TO WE THE PROPERTY OF	w ma
000	DAY DAY	23a.Bl	JRIAL, CREMATION, REMOVAL 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF COUNTY	TV SAMTE
Mala	(BD/1)		Russel 6/11/1984 Cedar Hell Cometay Anter Than Frank	clis Renna
171	11	74: Ft	INSMAL DIRECTOR OF MEGISTRAN SEREGISTRAN SEREGISTRAN SER	GNATURE
	DHMH 17 (VR A15 ME (5))	1	transfel Jumes of the 12 mar he Kinder Bord	400-
	(AK WID WE (2))	1	Anna Amazana Anna Amazana Ana	



may be

within 24 hours ofter death. Page 4

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP_____ DHMH - 16 50M (VRA 15, 4)

				252127	MENT OF HE	CHA HTIA	MENTAL HYG	EME		3	7 :	6 2
	FOR STATE REGISTRAR			DEPARI		CATE OF		8	REG. NO.	1	1 3	
	DECEASED NAME	FIRST AHALES	^{IM}	DDLE	Ki	NES		20. DAJE C	P DEATS X	ONTH	DAY YEAR	26 HOUR 7.4/ 4
3	Female	4	RACE Blac	k	5. DATE OF		1922		YEARS LAST BIRTHE		MONTHS DAYS	IF UNDER 24 HOURS M
9 70	a. BIRTHPLACE (STATE OF COUNTRY) Tenn.		U.S.	HAT COUNTRY	? 8 MARRIED	□ NEVER	MARRIED 🗆	9 BALTIM	ORE CITY OR	COUNTY	Coun"	tar
910	Hagerstow		11. NAME OF HO		WIDOWED ING HOME OF	R OTHER INS	NORCED []	12a USUAL	OCCUPATION RK FOR MOST OF V	N WORKING LIF	126 KIND	OF BUSINESS
	JOUAL RESIDENCE (# NUR		OTHER INSTITUTION G		RE ADMISSION)		CITY LIMITS?	13e STREET	ADDRESS / 2	ZIP CODE	St. 2	1740
1	Alonza	M	AIDDLE	arnswo			'S MAIDEN NAM		WIDDIE	. 011		ST
16	(YES NO OR UNKNOWN)		WARORDATES	66 SOCIAL SEC 213-18		17 INFORM		son	133DDES	abe	lla A	re.
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only	y one couse per l	ne for 101, (b), a	nd Ich	11	N/ 17	11/1	16 1	1.00		ONSET AND DE
	PART I. DEATH V			monde	M4 . D	y (Dun	Will	VI	(UJ9) (484		ONSET AND DE
	PART I. DEATH V	VAS CAUSED IMMEDIATE	CAUSE (o)	AS A CONSEQU	1004	y Cary	win	V M	(0/9) (984		ONSET APPORT
	Canditions, if any gave rise to in cause (a), stati	IMMEDIATE which mediate ng the	DUE TO, OR	0000	NENCE OF	y Cong	CUIN		(279) (184		ORSEL AND DE
	Canditions, if any gave rise to in cause (a), stati underlying caus	IMMEDIATE r, which mediate ng the e last	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUAS A CONSEQU	UENCE OF	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CONDI	Y SC		
2	Canditions, if any gave rise to in cause (a), stati underlying caus	IMMEDIATE /, which imediate ing the e last NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUAS A CONSEQU	UENCE OF			INAL DISEA		YES ERT IF	VEN IN PART 1	NGS USED S OF DEATH?
	Canditions, if any gove rise to im cause (a), stati underlying caus PART 2 OTHER SIG	IMMEDIATE /, which mediate not	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS COI	AS A CONSEQUENTRIBUTING TO	UENCE OF DEATH BUT N H OPERATION	N WAS PERF		20e. AUT	OP597	P YES ERTIF	VEN IN PART 1 S, WERE FIND FYING CAUSE	(o
	Canditions, if ongover rise to imcause (a), static underlying cause PART 2 OTHER SIG 19a DATE OF OPER/ 21a, ACCIDENT WAS UT OR CONTRIBUTING (IF EITHER NOTIFY MED 21d, INJURY OCCUP	IMMEDIATE I, which imediate ing the elast. INIFICANT CO ATION IDERLYING CAUSE OF DEAT INCAL EXAMINER) RRED THIRE	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS COI 19b. CONDIT	AS A CONSEQUENTRIBUTING TO	UENCE OF DEATH BUT N H OPERATION DAY YEAR 19	N WAS PERF	ORMED NJURY OCCURR	20e. AUT	OP597	YEST IN JIEM TB S	VEN IN PART 1 S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
	Canditions, if ongove rise to imcause (a), static underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED AT WORK 22a. I certify that (1) saw the deced	IMMEDIATE /, which imediate in the elast INIFICANT CO ATION IDERTYING CAUSE OF DEAT INICAL EXAMINER) RRED THIRE CONTROLLE CONTROLL	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS COI 19b, CONDIT 21b, TIME OF HOUR A.M P.M 21e, PLACE O (AT HOME SIRE)	AS A CONSEQUENTRIBUTING TO ION FOR WHICH	UENCE OF DEATH BUT N DAY YEAR 19	THE LOCATION	ORMED NJURY OCCURR	200 AUT	OPSY NO INJURY ATURE OF INJURY CITY OR TOWN	YE ERT IF	VEN IN PART 1 S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY	INGS USED S OF DEATH? NO
	Canditions, if ongove rise to imcause (a), static underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED AT WORK 22a. I certify that (1) saw the deced	IMMEDIATE /, which imediate in the elast INIFICANT CO ATION IDERTYING CAUSE OF DEAT INICAL EXAMINER) RRED THIRE CONTROLLE CONTROLL	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS COI 19b. CONDIT 19b. TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME STREET	AS A CONSEQUENTRIBUTING TO ION FOR WHICH	UENCE OF DEATH BUT N H OPERATION DAY YEAR 19 FARM_ETC)	21c HOW II	ORMED NJURY OCCURR	TOE AUT VES TO death occurr	OPSYTATURE OF INJURY	PYES IN ITEM 18 S	VEN IN PART 1 S, WERE FIND FYING CAUSE SS D PART 1 OR PART 2) COUNTY 19 11 and from the	INGS USED S OF DEATH? NO STATE
	Canditions, if ongove rise to imcause (a), static underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED AT WORK 22a. I certify that (1) saw the deced	IMMEDIATE /, which imediate in the elast INIFICANT CO ATION IDERTYING CAUSE OF DEAT INICAL EXAMINER) RRED THIRE CONTROLLE CONTROLL	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS COI 19b, CONDIT 21b, TIME OF HOUR A.M P.M 21e, PLACE O (AT HOME SIRE)	AS A CONSEQUENTRIBUTING TO ION FOR WHICH	UENCE OF DEATH BUT N H OPERATION DAY YEAR 19 FARM_ETC)	21c HOW II	ORMED NJURY OCCURE ON (aur) apinian of the physician o	TOE AUT VES TO death occurr	CITY OR TOWN	PYES IN ITEM 18 S	VEN IN PART 1 S, WERE FIND FYING CAUSE SS D PART 1 OR PART 2) COUNTY 19 11 and from the	INGS USED S OF DEATH? NO STATE that (I) (we)

Penalte Calumitant and a second Timedian | Enclosed Tomas Tomas | two targets STVAT ava elimination per 27 3-1 -- 91 AN 1 25 C R. W. T. T. T. C. (Swinger, M. C. O. 1966) L. D. Sight St. The Lord Hall Street Will Street Land uriel Staffe agost Hill Den. Harrylten Telen. (1. A SEE AND STREET AND STREET AND A STREET AS A STREET A

~	
0 2	
7	
4	- 55
3	- 1
~	- 1
OK.	
3	
~	
BALTIMORE,	
Ö	
A	
2	
-	
A	
an	
2	
10	
7	
~	
0	
S	
THE STREET	
4	
5	
DI W. PRESTON ST.	
20	
-	
S	
2	
ō	
ö	
RECORD	
LUL.	
A	
pm.	
5	
3.5.	
0	
IVISION OF VI	
O	
10	
=	
=	
0	
1	п
7	
-	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI ave 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX YEAR DAYS HOURS white female 191 73 To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington Maryland USA WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital Hagerstown packer ribbon co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 9 Reynolds Rd. East 21795 Washington Maryland Williamsport 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Reid Charlton Mary Henry 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) ES NO OR UNKNOWN) Quinter King, Williamsport, Md. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? be NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL THE EITHER NOTHEY MEDICAL EXAMINERS P.M. 19 714, INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on_ obove, (I) (wai (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORT

burial June 16, 1984

231. NAME OF CEMETERY OR CREMATORY Greenlawn Mem. Park

Williamsport, Wash., Maryland

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D BY REGISTRA RIZS & REGISTRAR'S SONA NO.

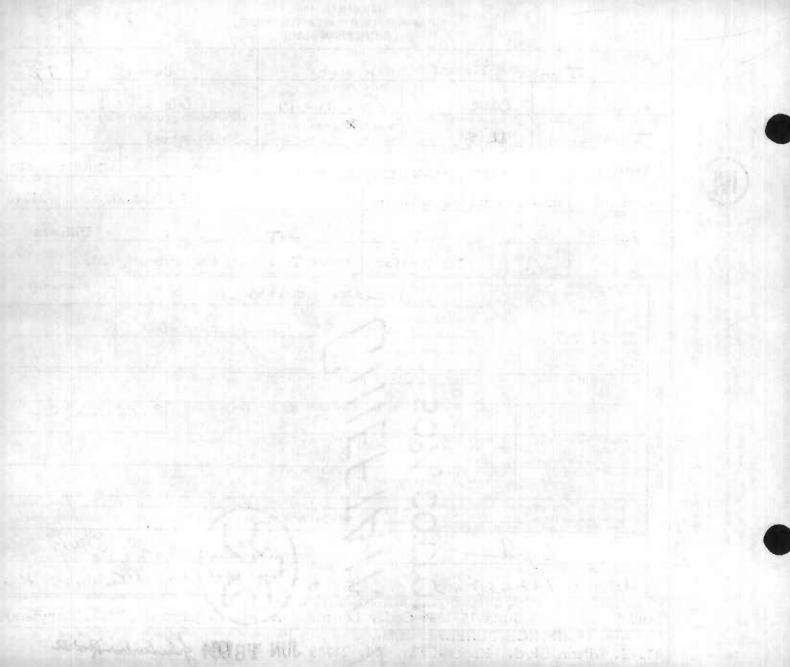
JUN 1888 Charleston Park

415 E. Wilson Blvd., Hagerstown, Md. 21740 JUN 18

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND



any injury, or other traumotic event, the

IMPORTANT: If hem 21 is marked on II

BP DHMH - 16 50M 4/B3 (VRA 15, 4)

page 3

			STATE OF MARYLAND			
1.	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY	(GIENE	173	6 5
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	0 0
	CEASED NAME A FIRST	MIDDLE	LAST A	26. DATE OF DEATH	MONTH IN MEAN	2b. HOUR
(TYPE	Charles Charles	es Frankling	Kretzen		6/14/84	3.30 R
3.5E		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAYL F PHOLE I YEAR	IF SINDER 2's HID.
1	100 1	WHITE	MONTH DAY YEAR	11	MONTHS DAVE	HOURS MAN
	MAIL		1 28 17	46	YRS.	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	,
Λ	1 AnylANd	USA	WIDOWED DIVORCED	WAShin	to4 C044	fy, MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b, KIND O WORKING LIFE) INDUSTRY	F BUSINESS OR
4	AGERSTOWN	WASHINSTON	COUNTY HOSP	Finish		revete
USU		ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	1		
13p S	STATE 136 COUR	Shaundan Shaundun		13 STREET ADDRESS /	ROUS 22 / 2	21792
IA FA	ATHER'S NAME	1 Willer Dulyen	15 MOTHER'S MAIDEN N	I KOUTE S,	DOX 3/2/	1104
	FIRST	MIDDLE	FIRST	MIDDLE	IAS'	1
	reonle Mil	liAM NETZ	Er LYA	MAE	Fichell	Densen
	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRE	skoute2, B	*x372
	No	232-01-	0181 Betty J. K	retzer-Sh	Aups burg.	14.21782
		nly one couse per line for (a), (b), and	licy ,	1 2	BETWEEN C	MATE INTERVAL DINSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0)	Cardion ulmonau	y Arrest		
	4140			1 .	/	11
	Conditions if you that	DUE TO, OR AS A CONSEQUE	NCE OF	- discour) DV	den
	Conditions, if pny, which gove rise to immediate	(b)	Children of the	7 Cocura		
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF			
		(c)				
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 110	3
ATION						
CA	198 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
CERTIFIC				YES NO	YES 🗀	NO 🗆
E E	716. ACCIDENT WAS UNDERLYING	TIE TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE.	~	19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
M	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC) STREET	CITY OR TOV	VN COUNTY	STATE
	AT WORK AT WORK	1	10		10	45 - 4 - 4 - 4 - 4 - 4
	226.1 certify that (I) (this hasp	1.762	, and that in (my) (our) opinion	on depth occurred on the de	to and how and from the	
		1) wew the hadvalls: death		debiti becomed bit the do		
	22b. SIGNATURE	0	DEGREE ATTENDING	MEDICAL STAF	Th. DANG	1111
	1X	Migler	PHYSICIAN	DIRECTOR PHYSIC		1/89
	224 PHYSICIAN S HAME (119)	7/1	22e ADDRESS	1 /		/ 11
	KIL. K	upler	100 60	cetuy Lane	1 Reedy	Sille
23a l	BURIAL, CREMATION, REMOVAL	DATE Z3c N	AME OF CEMETERY OR CREMATORY		1	
0	(SPECIFY)	16/15/84 Pc	sedale Cremato	MA STINE	Behrole	LIS ILA
24 FI	UNERAL DIRECTOR	1,0,0	750.0	ME REC'D. BY REGISTRAR	256 ACGISTRAR'S SIGNAY	URE
7		ADDRESS	DWA WEN C	JUN 1 0 mos	10. K	

And the second s AS A Marchard in the example of the court of any transfer of the courts Marched Waltinger Mayore; W. Tente I Lind 12 2 2 17 2 1 Treets William Knetzer Twa Mae Elekeleries No. 1 The Control of A STATE OF THE PARTY OF THE PAR AND THE PROPERTY OF THE PROPER

12111 TELLS 6/18 A section improve male of the account of the second M. Carolieresquarte / Forland CHF de Crock Lange Kar pad and Sing of 12/4/9 12/60/6 12/2/9 Section in State OH KINGHA TING AND THE RESERVE AND A STREET OF THE PARTY OF page 3

STATE	OF	MARYLAND
SIMIC	UF	MAKILAND

DEPARTMENT OF HEALTH AND MENTAL

HYG	REG. NO.	1 5	6 /
	20 DATE OF DEATH MONTH D	PAY YEAR	26 HOUR
		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	BALTIMORE CITY OR COUNTY	CO +O M) MD.
	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Iron Worker	INDUSTRY	structio
5?	13e.STREET ADDRESS / ZIP CODE Rt.1 Box#60B	21733	
I NA	Catherine	Tas	_
.L	iller (item 13 a	bove)	

[' '	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0. 1	-	
	CEASED NAME Melvi	n '	MIDDLE	Lill	êr	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(ITP)	ORPRINT) Nelv	2 801	1000	2,	Her	6/26/84			11 A
3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
1	Tale	Whit	e		1 30 / 08	76	YRS.		7.00%
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	1
	West Virginia	USA		WIDOWE		WAS	hinda	Otox	
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		12b. KIND O	BUSINESS
1	rgerstown	Avalor	Maron	-		Iron Wor			struct
13a S	AL RESIDENCE (IF NURSING HOME OF	NTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
]	Maryland Wash	ington	Fairpla	У	YES NOX	Rt.1 Box#	60B	21733	
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
	Henry	0liver	Liller		Mary	Cather		Tasl	ker
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
`	no		220-10-	8626	Florence E.L	iller (ite	m 13 ab		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE						BETWEEN C	MATE INTERVA	
		TE CAUSE (o)	Uremi	La					
		DUE TO, O	R AS A CONSEQUE	NCE OF				1	
	Conditions, if any, which gave rise to immediate	(b)	Urina	ary i	nfections			-	
	couse (a), stating the underlying cause last.		R AS A CONSEQUE		atherosclos	ric			
	PART 2. OTHER SIGNIFICANT	10.					DITION GIVEN	J IN PART ILE	
Z	Organi	_	n syndro	- ,	Diabetes		DITION		
ATE	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS US			
CERTIFICATION	None			_		YES NOT	IN CERTIFYII	NG CAUSES	OF DEATH?
E.E.	21a ACCIDENT WAS UNDERLYING			in uere	21c. HOW INJURY OCCUR		RY IN ITEM 18 PAR	T OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	~!!!	M. MONTH DA	AY YEAR	None				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN.	COUNTY	STAT
¥	WHILE NOT WHILE AL WORK	(AT HOME ST	reet, factory, office, f	ARM ETC)	SIREE	0,110,110	_		•
	22s. I certify that (1) (this hasp	ital] attended th	e deceased from_	4/11	/83		84 . 19	·	that (I) (we)
	sow the deceased alive or	nt) view the body	20/84 ->	, or	nd that in (my) (our) opinion	death occurred on the de	ate and hour o	and from the	causes state
	obove, (1) (we) (did) (did nat) view the bady after death. 77b. SIGNATURE				DEGREE ATTENDING PHYSICIAN F	MEDICAL STAI		22c DATE	6-84
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS	A - MECTON E THIS			
	107: 7.7 i a.m.	W. TAC	h M.D.		411 Divis	ion Avenue	Наде	rstow	n. M
	MITITIAM	H. TCO	4 P 7.7 6 WA 4				- 1100	20001	4
23a. I	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	mase	2000	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove corbonpape with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal

Major M.Osborne Williamsport, MD 21795 WilliamsportWashingtonMaryland
The Co. By REGISTRAND RE



completely filled in by the funeral directors, I and 2 should be filed within 72 hours a<u>s</u>

executed within 24 hours after

FOR STATE

STATE OF MARYLAND SIENE

DEP	ART	MENT	OF	HEA	LTH	AND	MENT	AL	HYG
		CE	RT	IFIC	ATE	OF	DEAT	H	

0 "	REG. N	40.	•		
2a DATE O	FDEATH	MONTH	DAY	YEAR	2b. HOUR
		6	19	1984	7:10

16.		REGISTRAR								REG. NO.				
		E ASED NAME	FIRST		MIDDLE	L	AST		2a DATE OF DE	ATH MONI	H DAY	YE AR	2b. HO	UR
X	(ITPE	OR PRINT)	Spend	er	Grayson	Lir	ndsay			6	19	1984	7:1	10 Å
J	SEX	(4 RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY	IF U	NDER I YEAR	IF UNDE	R 24 HR5
1		Male		Whi	te	MONTH A1	10. 12	YEAR .	74		YRS. ,	THS DAYS	HOURS	MIN.
7	a BIR	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	0		9 BALTIMORE	CITY OR CO	UNTY OF	DEATH		
1	C	Maryland		US	Α	WIDOWE		MARRIED	Wash	ningto	n			WE
1	0 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER IN	NOITUTITE	12a USUAL OCC			12b. KIND O	F BUSIN	ESS OR
		Hagersto		Washin	gton Cou	inty l	lospita	al	sales			roofi	ng n	nfg.
	USUA 130 S	L RESIDENCE (IF NUR TATE Maryland	13h COUR Was	hington	Hagersto	ADMISSION) N DWN	13d INSIDE	CITY LIMITS?	134 STREET ADD	RESS / ZIP	Road	d 2	1740	31
T	4. FA	THER'S NAME					15 MOTHER	'S MAIDEN NA						
1		Walter	C. Li	ndsay	LAST			Della E	. Fritz	IDDLE		LAS	,ī	
T		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRESS				
L	(A	yes	WW	(E WAR OR DATES)	220-09-7	706	Mar	y M. L	indsay,	Hager	stow	n, Mo	d.	
F		II CAUSE OF DEA	TH (Enter or	nly one couse per								APPROX	MATE INTE	D DE ATH
1		PART I. DEATH V	ALAC CALICE	D DV	Respirato		ailure						min	
Ł	- 1		IMMEDIA				111010						****	4000
1				DUE TO, O	R AS A CONSEQUE	NCE OF	1 4 - 1	/	: - 1 To f			/ dozza		
ł	-	Conditions, if any gave rise to im		(b)_	(b) Extension of Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (c) Atherosclerotic heart disease					4 days				
ı		cause (a), stati	ing the	DUE TO, O						1.0				
Т		underlying cous	e lost.	(_{Ic)}	Atherosc	eroti	ic hear	rt disea	ase			12 3	year:	S
Т			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN . dual right hemiparesis due to left middle cerebral thrombosis.				IN PART III	0,						
	o	Residual	right	hemipa	resis due	to 1	eft mi	ddle ce	rebral t	hrombo	osis.			
7	CAT	190 DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATION WAS PERFORMED 200 AUTOPSY?			Y? 20h		ERE FINDING CAUSES			
1	CERTIFICATION								YES N	0	YES [_	NO [
П	CER	210. ACCIDENT WAS UN	-		FINJURY M. MONTH D	AV VEAD	21c HOW	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN I	TEM 18 PART	OR PART 2)		
1		OR CONTRIBUTING		AIH	M. MOITH D	19								
ı	MEDICAL	21d. INJURY OCCUP			OF INJURY		211 LOCA							
1	ME	WHILE NOT W	WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STRE	ET	CI	TY OR TOWN		COUNTY		STATE
1				ital) attended, th	ne deceased from_	6/14		19_84	to 6,	/19	. 19_	84	tho NIX	(we) los
		220.1 certify that (I) (this haspital) attended the deceased from 6/14 , 19 84 , to 6/19 , 19 sow the deceased alive an 6/19 19 84 , and that in the deceased of the dots and hour and above, (K(we) (did XXXXX) new the body after death.									nd from the	couses s	toted	
		226 SIGNATURE		THE BOOK	One, debin.		DEGREE					22c DATE	SIGNED	
/		1/2/	Irke	seym-n	MR.			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		6/	19/8	4
		224 PHYSICIAN'S N	IAME TYPE	PRINT			22e ADDR	SS						
		W. T. L	ayman	M.D.			301	E. Anti	ietam St	., Hag	ersto	own, N	MD.	2174
T		URIAL, CREMATION	, REMOVAL	23h DATE	23c N	NAME OF C	EMETERY OF	CREMATORY	23d. LOCATIO			1.5		
	(burial		June :	22, 84 R	est F	laven	Cemeter	ry Hac	ersto		Md.		STATE

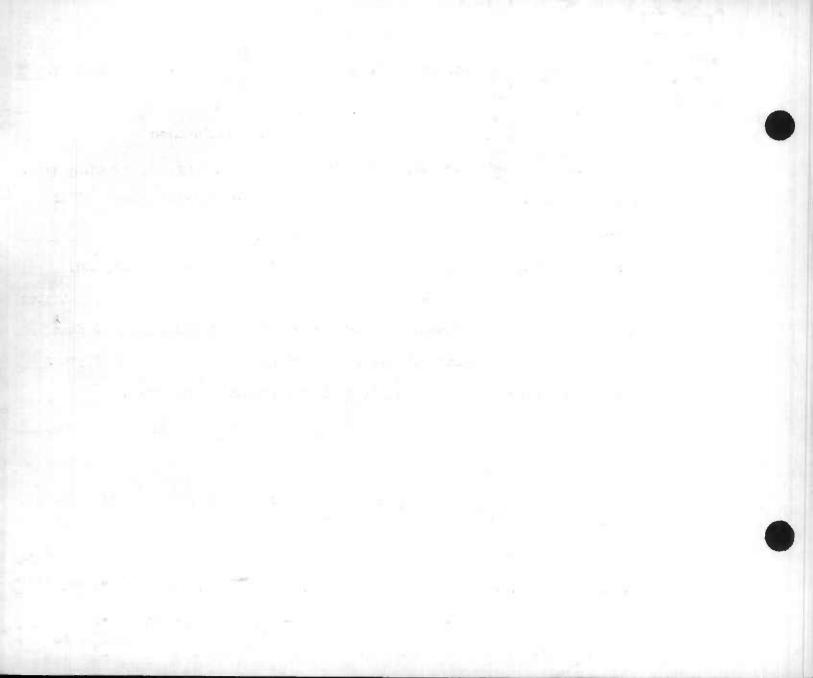
DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, or ather traumotic event, 45 should be detached for use os the burial-transit permit. Then please remove cork with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or

Wilson Blvd., Hagerstown, Md.

Hagerstown, Md.



led in by the Tuneral director, page 3

signed by the oftending physician and

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The lo

O HOSPITAL

etoined by the hospital or attending physicia

STATE OF MARYLAND

REG. N	10.	1	5	6	7
DEATH		DAN	W D	Lav	

1. DEC	REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO.	1 3 0 1					
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
	Jan	seinol si	malatte	June J	14 1984					
		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
Female		White	oct. 21, 192	0 63 YR						
Penna.		76 CITIZEN OF WHAT COUNTRY	(? 8. MARRIED ☐ NEVER MARRIED	9 BALTIMORE CITY OR COU						
		U.S.A.	WIDOWED DIVORCED		County					
		(IF NOT IN SUCH FACILITY, GIVE STREE	ing home or other institution of address) County Hospita	LIYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OF INDUSTRY HOME					
130 S	AL RESIDENCE (IF HURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 138. INSIDE CITY LIMIT	TS? 13e.STREET ADDRESS / ZIP C	Road 2/740					
I4 FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE	N NAME MIDDLE	la.					
E	Edwards Im	bery Martin	Veronic	a Marie	La Libert					
16a V	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATEST		ADDRESS						
N	0	217-09-	-9587 Veronica	Ritter Same as	5約13					
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	refer mellio							
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trail									
0										
TIFICATIO	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO					
CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF INJURY HOUR A.M. MONTH [21c HOW INJURY OF	IN CE	RTIFYING CAUSES OF DEATH? YES NO NO					
MEDICAL CERTIFICATIO	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR 19 211 LOCATION	YES NO IN CE	RTIFYING CAUSES OF DEATH? YES NO NO					
- / 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this has an investigation of the contribution	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION SIREET 19 , and that in (my) (aur) ap	YES NO NCE	RTIFYING CAUSES OF DEATH? YES NO					
- / 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (1) (this has	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 EOCATION SIREET 1, 19	VES NO NO NO COURRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN To	COUNTY STATE , 19, that (I) (we) las haur and from the causes stated					

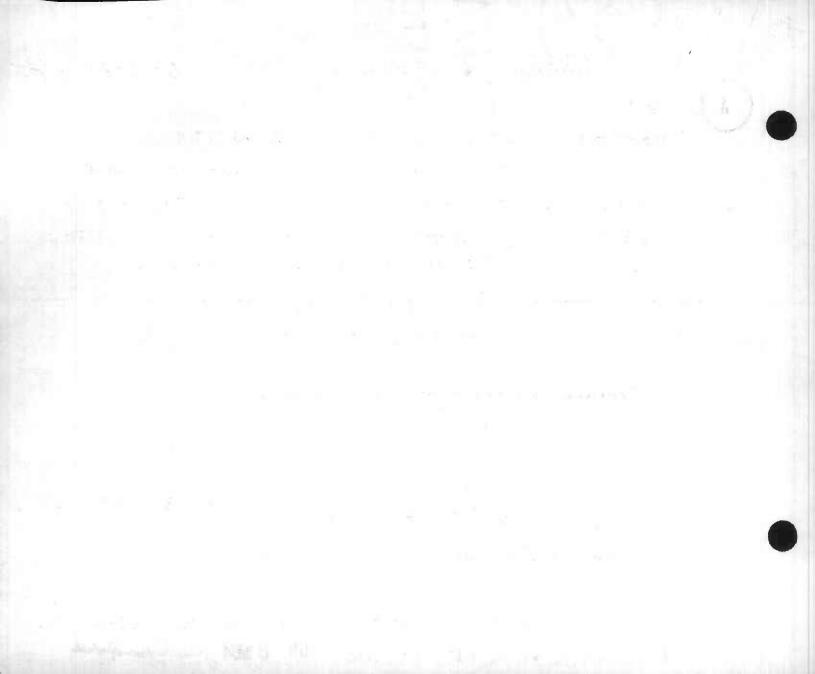
BP

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR
NAME
GOTT Cemetery Hagerstown Wash. M
250 DAYE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE Rose 305 N. Botomac St.

Gerald Minnich Hagerstown

PRODUCT TO THE PRODUCT OF THE PRODUC to the second and the second s Company that we are a sent member to company the Linear reconstruction of the faces will be sent the leaves to the MANY AND REPORT OF THE PROPERTY OF THE PROPERT



Tests Avenue to make a section of The state of the s The Benedict of the State of th

		500				MARYLAND			
R	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8 4 REG. NO. 1 7 5 7 2					12	
9 ""		CEASED NAME FIRST	CLAY MATTHEWS			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			
100	3. SEX		4. RACE S. DATE OF BIRTH		6. AGE (IN YEARS LAST DIRTHDA				
A die A		male	whi	te	Feb. 1	4, 1910	74	YRS MONTHS DAYS	HOURS MIN.
deoth. Po	Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee 10. CITY OR TOWN OF DEATH Hagerstown			USA WIDOWED DIVORCED			Washington MD.		
ofter the t				11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Western Maryland Center			TIZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) brick layer		
24 hour 24 hour filled in loold be for the same of the	130.5	AL RESIDENCE (# NURSING HOME (BTATE 136 COL ryland Was	on other institution of the state of the sta	13c. CITY OR TOW	N 113d	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI 54 Reedwo	od Dr.	21740
completely and 2 sh	14 F/	THER'S NAME FIRST Lonnie	WIDDLE	Matthey		NOTHER'S MAIDEN NA. VIOLA	WE	Ver	dian
MORE, I		VAS DECEASED EVER IN U.S. A	RMED FORCES? IVE WAR OR DATES) W. II	166 SOCIAL SECU		Lou Ella	ADDRESS Matthews,	Hagerst	own,Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. If the certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages fond 2 should be fill the and Mental Hygiene prior to burial, cremotion, or removal. In and Mental Hygiene prior to burial, cremotion, or removal.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO. (c)	OR AS A CONSEQUE	ENCE OF LE	letas ta Centra RELATED TO THE TERM	Ade.		1983 (early
At RECOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH		se lipituiti	YES NO	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	S OF DEATH?
PHYSICIAN: TI ending physici this certificate to buriol-tronsit and Mentol Hygi d or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINATION INJURY OCCURRED	EATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY	AY YEAR 19	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
DIVISION IN G PHY: or of the but the	ME	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	COUNTY	STATE
R ATTEND hospital or hospital or head for use ept. of Hem 21 is mitted to the mittern 21 is mittern		220.1 certify that N (this hospital) attended the beeauged from 19 , to 9 19 , that N (we) lost saw the deceased olive an 19 , and that in (my) (ww) opinion death occurred on the date and hour and from the cause used above. (1) XXX (did) (XXXXI) view the body after death 1216 DEGREE 1216 DATE SIGNED							
ERAL D ERAL D Store D Store D NNT: # #		Marie 1226 PHYSICIAN'S NAME (1799	ORPRINT)	nu.		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	11 11	3/8 4 Arm
PLO FUN with the With the Will he with the Wald b	23a h	BURIAL, CREMATION, REMOVA				TERY OR CREMATORY	23d LOCATION Hagersto	wn Wash	, Md. STAIF
DHMH ~ 16 50M 4/83				FUNERAL			E REC'D. BY REGISTRARIAS	wn, wash	MORE Condate
(VRA 15, 4)	4	15 E. Wilson	Blvd.	, Hager	stown,	Md.21740	JON & BON	Q	124

The souther of som 3. It willill the ASP 8 MUE - AND SERVICE CONTRACTOR OF THE PROPERTY OF THE PROP

DIVISION OF VIT AL RECORDS,



Stauffer Funeral Home, Thurmont, Md. 21788

DHMH - 16 50M 4/B2

(VRA 15, 4)

Mary Carlotter State Contract

10		FOR		DEPART		OF MARYLAND	CIENE			
5	1 -	STATE HELEN LEG	ONA McCLE	LLAND		CATE OF DEATH	B 4 REG. NO	17.	3 /	2
nay be poge 3		EASED NAME FIRST HE / E		ha Mc		lland	20. DATE OF DEATH	MONTH DAY	84 2b	. HOUR
e 4 may	1, 5EX		4 RACE White		5. DATE C	il 14, 1894	6. AGE (IN YEARS LAST BIR	THDAY IFUN MONTH		UNDER 24 HRS
oth. Pag		THPLACE (STATE OR FOREIGN Pennsylvania	76 CITIZEN OF V		MARRIEI WIDOWE	NEVER MARRIED	Nashingto	R COUNTY OF		MI
s after de	10. CI	Hagerstown	11. NAME OF H	OSPITAL, NURSI HEACILITY, GIVE STREE ISTON COI	NG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATI LITYPE OF WORK FOR MOST O Housewife	ION 1:	26. KIND OF BI	USINESS OR
filled in laurand be filled in	130 S	RESIDENCE (IF NURSING HOME OF TATE 134. COL		13c CITY OR TOV Hagers	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A	zip cope Mulber:	21 ry Stre	1740 eet
mpletely ond 2 sh	14 FA	THER'S NAME Chester	Arthur	Brenne	r	15. MOTHER'S MAIDEN N. FIRST Emma	Marrt 7 e		Noe.	1
n and co		VAS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES, C	RMED FORCES?	214-09-0		Virginia M.	ADDRE McClelland			d.
physicia physicia npapers movol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per l SED BY: ATE CAUSE (a)	line for (o), (b), o	Par	a lake p	neumossia		16 13	TE INTERVAL SET AND DEATH
death cer thending ive, or re		4360 Conditions, if ony, which		as a consect		seular den	ident	MA	5/14	1/14
by the cose remoi		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQU	JENCE OF					
equires to signed Then ple to burio injury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	7/1	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	IN PART 110	
he low re on. hos been t permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	
CCIAN: T g physici emiticate mol-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.A	A. MONTH	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	ORPART 2)	
OG PHYS offer this of the burner of the burn	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
TTENDIN pital or TTOR: Af for use of thealth		220 certify that (I) (this has saw the decorrect faire of above, (I) (Vertifie) (I.d.			Aurel I	nd that in (my) (aux) opinion	n death accurred on the d	ate and hour one	,	ot (1) (we)las uses stated
At OR A the hos at DIRECTED DEPOTE DE		27b. SIGNATURE	S Thor	ole 1	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		2h DATE SH	NED
O HOSPITAI eroined by 1 TO FUNERAI with the Stot		Edson B.				St. James,	Maryland			
PP	23a E	URIAL, CREMATION, REMOVA				emetery or crematory aven Cemeter	Hagerstow	n, Wash	ington	STATE Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	K. Coffman Fu	neral Hom	e, Inc.	Hager	stown, Md.	NE REC'D BY BESTRAR	sh registrar	s signatur	tell

of chart and the second of the

Edicon V. 2009 St. Janes, Karland Ruchall St. Janes Calumnour, Assistanton, Mr.

(VRA 15, 4)

STATE OF MARYLAND

the state of the s				
7/,	1, 110	dire	od 'n l	
of financial				
band woosel good teen ut	3	aveturing all	nodija Plany	
an of the	H2742	Sele 1	ā l	gate
est seather, d.	e na samulfi	(m) to the	divide street studen	O.
iguearcretono, harbin con			Jarai .	falmi
AND STREET OF A				

N/						STAT	E OF MARYLAND			
NO.	3	FOR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE	7 =	7 /
4	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	1 3	
	1 DEC	EASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
0 m#		OR PRINT)	1 0		Richard	I.	4.1/m		17-86	10,20
noy be page 3			OW	4	Vicinara	V	01100	0-	10 6	
Ter p	3. SE)	//		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
4 00	m	ale //		whi	te	Oct	. 18. 1924	59 YR:	S	
2 69		RTHPLACE IS ME ONE	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUN	TY OF DEATH	
1 14 100		est Virgin	ia	USA		WIDOWE	D NEVER MARRIED DIVORCED	Washington		AAD
1 2 37	10. CI	TY OR TOWN OF DEA	TH.	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
1 11/19/					H FACILITY, GIVE STREET		11	TYPE OF WORK FOR MOST OF WORKING		
50 20		agerstown	mic Hout on	Washi	ngton Co	unty	ноѕрітаі	security guard	Cano	cer Researc
E 2 24 A	13a, S	TATE	13b COUN	ITY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	301 Reynolds	ODE	
NN 2 #3/	M	aryland	Wash	ington	Hagers	town	YES 📉 NO 🗌	301 Reynolds	Ave.	21740
7 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14. FA	THER'S NAME		MIDDLE	1.57		15. MOTHER'S MAIDEN NA	ME		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within a narranding physicion. When this certificate has been signed by the attending physician and campletely filted in the state that serificate has been signed by the attending physician and campletely filted in the state that the buriol-transin permit. Then please remove corbon papers. Pages Ford 2 stands that had Mental Hygiene prior to buriol, cremation, or removal. Orked bettern 18 shows offy injury, or ather troumatic event—the medical exemperation orked bettern 18.		John		H.	Mille	r	Hattie	R.	(Shipper
S Col		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
MORE or execution and commedico	_ `.	(ES, NO OR UNKNOWN)	W.W	E WAR OR DATES)	236-22-5	257	Fisie L. Mill	ler, Hagerstown	Md.	
LITIN Sis. F	Y	es					LISIC ST MIII	er, magerstom		DXIMATE INTERVAL
BA Cotto		18. CAUSE OF DEAT PART I. DEATH W	M (Enter an AS CAUSE	lly ane cause per D BY	Tine for (a), (b), one	101.	61 64 -	b/- D:	BUTWEEN	
ST.,				re CAUSE (a)	osofus 8	eax	Uar.65	Blocking	-	5 days
orb oric				DUE TO, O	R AS A CONSTOUR	NCE OF		1 1/2	1	. /
STC dept dept dept dept		Canditians, if any,	which	(d)	Oive	Cin	Musis 1	ives cauc	er 4	sear 5
PRE compensation of the co		gave rise to imm		3	D. C. COLLEGE	NCE OF			1	*
W. or the service of the street of the stree		underlying cause		1	R AS A CONSEQUE	NCE OF				
201 s th		DART 2 OTHER SICK	LIEIC ANIT ((c)	ONTRIBUTING TO F	SEATH DAT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION	CIVEN IN DART	l.a.
Sign sign ob ob	z	PART 2. OTHER SIGI	AILICAIAI (-ONDITIONS CO	ONTRIBUTING TO	ZCXIII Del	NOT KELATED TO THE TERM	MITAL DISEASE ON CONDITION	SIVER IN PART	, id
O Per La	읟	7	4100	- Jales	LITTON FOR WHICH	CU	X DEPT OF WED	20a AUTOPSY? 20b IF	YES, WERE FIND	VINCE HEED
low low	CERTIFICATION	190 DATE OF OPERA	ION	196. COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED		RTIFYING CAUSE	
Al ho	Ë	6/1/1	4	20	Mecholo	e 6	rode	YES NO	YES 🗌	NO 🗌
Type on s	Ü	216. ACCIDENT WAS UNE				VEAP	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
A STATE OF THE STA	¥	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		1111	M.	19				
NS ding	MEDICAL	21d. INJURY OCCUR			OF INJURY	17	211. LOCATION			
Ph then the ond ed't	¥.	WHILE NOT WE	THE	{AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WO	RK	1 1 1 1 1 1	Contraction of the Contraction o	200	west of	6/10	18	2
S G S S S S S S S S S S S S S S S S S S		229.1 certify that (I)		1 1 1	ne deceased from_	Ri	19	10	2. 19	., that (I) (we) last
R ATTER Hospitz RECTO red for rept of fem 21		sow the decease above, (I) (we) (c	ed alive on did) (did no	11 for the body	after death.	, а	nd that in (my) (our) opinian	death occurred an the date and	haur and fram th	e causes stated
0 = 5 = 4		226. SIGNATURE		' 1		100	DEGREE		22c DAT	TE SIGNED
		6		*	11	n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
HOSPITAL med by the FUNERAL Jud be det inthe State		224. PHYSICIAN'S NA	AME (TYPE C	OR PROVIDE			276. ADDRESS			, (
HOSPIT bined by CEUNER ould be of the the Steam		01		hi	7		201 5 Cl	ackland AVE	Hopes	gram held
Should with the Control of the Contr	22 6	<u> </u>	И	Tan Dave	122.	14445 05 6	EMETERY OR CREMATORY	23d LOCATION	-/-	V
		BURIAL, CREMATION,	KEMOVAL				Zion Cemetery	CITY OR TOWN	Wash A	A STATE
BP							- Genetery			TUDE
DHMH - 16 50M 4/83	75 FU	NERAL DIRECTOR N	IINNI	CH FUN	IERAL HO)ME	JUN JUN	22 1004 Julia	Daylaser -	indelle "
(VRA 15, 4)	4	15 E. Wilso	n RI	va., Ha	gerstown	, Md	. 21/40			





Co. C. Flange L. Latte Theorem and the The state of the s - Fig. 12 - Stanforderen and Detartion Brainse The life where the start will be the died species | was the died with the second of the Land of Santanger requires that the death certificate be executed within 24 hours offer

STATE OF MARYLAND

DEP

ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	-	REG. NO.	7	5	ឋ	,
	V				-	100	

		REGISTRAR		CERTIF	ICATE OF DEATH	D REG. NO			
1		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	ZE HOUS	
	(ITFE	RUSSEL	L R	IV	10ATS		6-11-84	4 /PM	
-1	3. SEX		RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTH	MONTHS DA		
		m	1	MONEM	-8 -1910	74	YRS.	TO MOUNT MIN.	
			CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY OF			
		ownsville, Md.	U. S. A.	WIDOWE	DINEVER MARRIED DINORCED	Washingto	on	MD.	
		TY OR TOWN OF DEATH	1. NAME OF HOSPITA	AL NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126. KINI	D OF BUSINESS OR	
7	H	agerstown	Washingto	n County H	ospital	Tarner		armer	
-	LISU A	AL RESIDENCE (# NURSING HOME OR OT	THER INSTITUTION GIVE RESI	IDENCE BEFORE ADMISSION)					
5		aryland Washi	ngton Ha	gerstown	YES NO		otomac St.	21740	
	14 FA	THER'S NAME	DDLE	LAST .	15. MOTHER'S MAIDEN NAM	MIDDLE _		LAST_	
1		Earl No:	rman	Moats	Anne			olford	
	160 W	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE V		CIAL SECURITY NO.	17 INFORMANT	ADDRE	7 S. Potor	mac St.	
	No	0	21	5-26- 7960	Mr. Wayne J	. Moats, Ha	agerstown.	Md. 21740	
		18 CAUSE OF DEATH (Enter only	one couse per line for	(a), (b), and (c).)			BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED		Caro	gà an	V ~			
		4280		CONSEQUENCE OF			0		
	Conditions, if any, which (16) Confortion Heart failer								
		gave rise to immediate couse (a), stating the	DIETO OPASAL	CONSEQUENCE OF	1				
		underlying couse last.	(6)	011320021102					
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	T Tro	
	N O								
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN		
7	Ĕ					YES NO	YES [NO [
1	SE .	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)	
1		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. M	ONTH DAY YEAR					
/	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	URY	211 LOCATION	CITY OR TOV	an COUNTY	STATE	
	X	WHILE NOT WHILE D	(AT HOME, STREET, FACT	TORY, OFFICE, FARM, ETC }	STREET	CITORIO	VN COONII	STATE	
		22a certify that (1) (this hospita	I) attended the deced	osed from	. 19	to	. 19	_, that (I) (we) lost	
		sow the deceased alive on_		19	nd that in (my) (our) opinion o		te and hour and from		
		obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the body offer de		DEGREE		22c. Dr	ATE SIGNED	
		(161-		cut	ATTENDING	MEDICAL STAF		1200	
		224 PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS	J DIRECTOR A FITTSIC		070	
		ABOUL W	AHREDU	מו	1600 OA	KHIII NO	2. HAG.	MD 2174-	
		BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	COLIDITY	STATE	
	L	Burial	6-14-84	Locust	Grove Cemeter			h. Co., Md.	
	24 EL	INTERAL DIRECTOR			I 25a DATI	E DEC'D BY DECISEDAD	ICH DECISTDAD WOOL	AND TARBO	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove carbandapers. Pages 1 with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low

John H. Bast, Jr.

Boonsboro, Md. 21713

Park Cost - Maria JUN 1 5 1984

Think Issue Issue

and person mineral

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STREE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME YEAR 2b. HOUR Alberta Mooney 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH White 93 TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania TISA Washington WIDOWED TO DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife In Own Home Colton Manor Nursing Center Hagerstown 13g. STATE 1136 COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 318 Delaware Road Frederick Frederick YES TO NO T Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST Margaret White Martin Clark I An WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 219-44-0182 IYES NO OR UNKNOWN! Mrs. Mary Ann Clark, Frederick, Md. Daughter no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause ilost SIGNIFICANT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES [NO [21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS MEDIC, 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE

DEGREE

22e ADDRESS

(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE

22a I certify that (I) (this haspital) attended the Georgised from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

BP

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

236 BURIAL, CREMATION, REMOVAL

saw the decased alive on above (u) (we) (did) (did nat) v

James F. Scarpelli, Cumberland, Md.

23b. DA

23t NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem

Cumberland.

Allegany. Md

different attack to a different commercial Take X AND AND ALAUVIVANNE I modum A Sanil negation of all principal policy of the land of the land mediane head armisfed all a shirehory introhead head-real Hant Cantifornic Marie Inc. harrown Clark, Frederick, W. Land tor Dried Line H. 17 H. School and Lan. Linebowler, Allegany, M. dues . contralli, Cuderlard, E.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CER	TIFICATE OF DEATH	8 REG. N	0.	3	. O.M.
	(TYRE OR RAINIT)	ra G	Myer	LAST CS		MONTH DAY 2, 1984	YEAR	12:45 A
	J. SEX Female	4 RACE	N	TE OF BIRTH AONTH DAY YEAR On. 14 1907	6. AGE (IN YEARS LAST BIR	YRS	THS DAYS	IF UNDER 24 HRS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOR COUNTRY) Maryland	U.S.		RRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY C		DEATH	MI
1	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION lagerstown	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Assembler		126. KIND O INDUSTRY Aircr	of Business or
7	Maryland	HOME OR OTHER INSTITUTION b. COUNTY Washington	I GIVE RESIDENCE BEFORE ADMISS 13t. CITY OR TOWN Hagerstown	13d. INSIDE CITY LIMITS?	Box 100	R.D. 5	21	1740
7	14 FATHER'S NAME FIRST Ceorge	MIDDLE C	Kline	15. MOTHER'S MAIDEN N FIRST Flora	MIDDLE		Foltz	57 Z
	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	215-14-2026		ADDRI Ye rs Hager:	stown R	.D. 5	Md.
	PART 2. OTHER SIGNIF	diate the DUE TO, C	OR AS A CONSEQUENCE O	DF BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1	0
Í	190. DATE OF OPERATION	ON 196 CONE	DITION FOR WHICH OPERA	ATION WAS PERFORMED	200. AUTOPSY?	206. IF YES, WIN CERTIFYIN	IG CAUSES	NGS USED S OF DEATH?
	218. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED	USE OF DEATH HOUR AS EXAMINER) PO 210. PLACE	.M. MONTH DAY YI .M. OF INJURY	19 211 LOCATION	RRED (ENTER NATURE OF INJU		OR PART 2)	STATE
	AT WORK AT WORK	nis hospital) attended t	REET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TO			that (I) (we) los
-	sow the deceased	olive on) (did not) view the bod	19	DEGREE ATTENDING	n death occurred on the d	ate and hour ar		couses stated
	Eric M.			The second secon	Rd., Hagers	town, M	d. 2	1740
	230. BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 236. DATE 6/5/3		of CEMETERY OF CREMATORY Paul's Lutheran	CITY OR TOWN	rg Was	ounty shingt	ton Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTION Should be detached for with the State Dept. of

6/5/1984

Paul's Lutheran

Waynesboro, Penna. JUN'

Leitersburg

Md.

1000 core de la companya della companya della companya de la companya della companya d [mile | 11 1-07 gostanionas. and and diametal molinates Tollors on the fact of the second of Newsylend Constantion on arctices. 5 710 21 -il-1026 Figure A. Frers on wretons 3.1. 5, All and the second 1962 Toyell M., Bear word, M., 21740 are 1 6/3/19 b ob. Pille https://www.med. de croupere, range, July 1 1 1984 per de character de care

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-PAUID WERSTE DEATH MATED 19 2d. HOUR AGE (IN YEARS IF UNDER 24 HRS SEX 4 RACE DATE LAST BIRTHDAY) PRONOUNCED 28, 1906 78 DEAD White Male Jan. 9 BALTIMORE CITY OR COUNTY OF DEATH TANBIRTHPLACE (STATE O MARRIED NEVER MARRIED Maryland DIVORCED USA WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Washington County Hospital Laborer Hagerstown Quarry USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Route 2, Box 108 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 COUNTY Sharpsburg Maryland Washington NO XX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Stella Thompson Martha webster Daniel Myers ADDRES 2644 BOSS ArnoldRd 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES GIVE WAR OR DATES) Mervil E. Myers - Knoxville, Md. 21758 232-01-0045 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY INJURY #N-862 DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USED.

DEPARTMENT OF HE. YES NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEL TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE CONTRACTOR PAGE 3 BALTIMODE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR' Burial 6/20/84 Samples Manor, Wash., Md. Samples Manor Cemetery BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1956, REGISTRAR'S SIGNATURE Drawer C 12 Day mas Cincoll **DHMH - 17** Robert L. Spencer - Harpers Ferry, W V 25425 (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND

ent of the control of Name of the state Alla del cellivan de devi di livia! il deledede BAS - THE RESIDENCE AND THE WEST and the second second second VSO, 64 . In Company Menter Company Tender Parer, France, 176.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	6.	REG.	NO I	
ATE	OF	DEATH		

	1-	FOR STATE REGISTRAR		DEPARTM		FICATE OF DEATH	IENE	0.1 7	5 6	3 4	
		CEASED NAME FIRST		NDDLE	4 1/4	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
		Ch	arles	Edwin		NEAL	June	e 6, 19	984	4:40	PM
	3. SEX		4 RACE			OF BIRTH	6. AGE IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HR	
	1	Male	Whit	e	I.	0-31-21 YEAR	62	YRS.			
5	C	RTHPLACE STATE OR FOREIGN COUNTRY) LTYLAND	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWI	ED NEVER MARRIED	9 BALTIMORE CITY O				MD.
1	S	TY OR TOWN OF DEATH mithsburg	Route	PACILITY, GIVE STREET A	(DDRESS)	or other institution	TYPE OF WORK FOR MOST O			ne Co.)R
5	130. S Ma			GIVE RESIDENCE BEFORE 13c CITY OR TOWN Smithsbu	1	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS Rt. 2, be	ox 211		2178	3
1	14. FA	THER'S NAME Charles	B.	Neal		is. MOTHER'S MAIDEN NAM Beulah	ME MIDDLE E.		LAS	Rudy	
		VAS DECEASED EVER IN U.S. VES NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	217-16-2		Mrs. Pearl N	ADDRE Veal, Smiths			1783	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OF	AS A CONSEQUE Pulmonary AS A CONSEQUE Chronic (v emp	hysema uctive Lung Di	Isease			yrs.	
	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 1	a'	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIC	ON WAS PERFORMED	206 AUTOPSY?		WERE FINDING CAUSES		
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	IT I OR PART 2)	y Yan	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WΝ	COUNTY	STATE	
		226 I certify that (I) (MOCA) saw the deceased alive above, (I) (Second School 22b. SIGNATURE	on 5-2	1 1984		9-3 19 56 opinion of DEGREE	, to	ate and haur o			ast
/		220 PHYSICIAN'S NAME ITY	res la	versi	lein	PHYSICIAN L	MEDICAL STAL			e 8,198	34
	1	Sidney Nove		D.		Funkstown,	Md.				

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

23t. NAME OF CEMETERY OR CREMATORY Cemetery St. Paul's Lutheran

23d. LOC ATION CITY OR TOWN

24 FUNERAL DIRECTOR Home, Smithsburg,

236. DATE

100:00		Enter.	n.frific	and much	
		1 A	- ath		oist
tou Carnty	ลด์รับ	* * * * * * * * * * * * * * * * * * *			TOUR VOLEME
whos. zowe					Saitheburg
box 297 21FG	x 3,		ndinjima mo	dguidaok	bandyrad
in the second	leb	761	l en l	,=	301x III
CEUE, E CIME	erl enl, art	. TY	0-: -0.0	WANG	on
	14 SED	illere mi	ritic		
10 944		eu syn inn	Felisonary		
.67	ong Disease	u. evi.our af	Chronic v		
5-31 5 5 K	56	C (1	48	AFAANS VALDONA	
1001, subb			ka raway j	- massa	
	e t		4.4	n. de anavol.	1
(, so , xu :	· · · · · · · · · · · · · · · · · · ·			ń.	[.]-w-

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM		LTH AND MENTAL HY ATE OF DEATH	GIENE 4	REG. NO.	1	5 0	. 0
1. DECEASED NAME (TYPE OR PRINT)	Irma	Katherin	e Pow	les	20. DATE OF			YEAR 84	26 HOUR 4
Female	4. RACE Wh:	ite	5. DATE OF E	er 18. 1892		EARS LAST BIRTHDA	YRS.	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATEORI COUNTRY) Maryland		DE WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMO Washi	RECITY OR C	OUNTY OF		M
Boonsboro	Fahrn	SUCH FACILITY, GIVE STREET AND OF HOSPITAL, NURS INC.	HOME OR C	OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WO		126. KIND O INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF NURS 130. STATE Maryland	ING HOME OR OTHER INSTITUT 13% COUNTY Washington	13c. CITY OR TOWN	1 13	d. INSIDECITY LIMITS?		address roadwa	2]	L740	
14 FATHER'S NAME FIRST William	MIDDLE Henery	Kendall		MOTHER'S MAIDEN N		MIDDLE ice		lowlar	
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCE:			. Kendall (Coffman	3518 Balti	Woodri	ing Av	venue
Z	PIFICANT CONDITIONS	CONTRIBUTING TO D			RMINAL DISEAS	PSY? 20	D. IF YES, W	ERE FINDIN	
19a DATE OF OPERA 21a. ACCIDENT WAS UNI OR CONTRIBUTING	AUSE OF DEATH HOUR	E OF INJURY A.M. MONTH DA	Y YEAR	1c. HOW INJURY OCCU	JRRED (ENTER NA	TURE OF INJURY IN	YES T		№ □
21d. INJURY OCCUR	RED 21e PLA	P.M. CE OF INJURY STREET, FACTORY, OFFICE FA		II LOCATION STREET		CITY OR TOWN		COUNTY	STATE
sow the deceos obove, (1) (we) ((this hospital) attended ad alive on (did) (did not) view the bi	19		hot in (my) (our) opinio	, to in death occurre	d on the dote	19_ ond hour on	nd from the	
226. SIGNATURE	20	Can		ATTENDING PHYSICIAN Re ADDRESS	MEDICAL	STAFF PHYSICIAN	v 🗆	6/ /	SIGNED
A130	u WA	teep up	, /	1600 OA	K Hil		. 14	14. M	102174
230 BURIAL CREMATION, ISPECIFY) Burial	236. DATE 6-16	70 -		1 Cemetery	Hage	rstown		shingt	ton, Md.
A.K. Coffmar	Funeral He	ome, Inc., H	agerst	own, Md.	A - 44		CEALURIA.	No State	ALL .

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the

no wo sektados Telegraphy of the contract of District of the cold and the first variable to the - - - ESF-C-Park B. Medall Coffees Lations, Mr. - -The second of the second of th A gravery, w. officens, E. Colo - Brance Color, Fact, Santa-Str. B. Tall Color

	STA	TE	0F	M.	ARI	LA	

1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		8 4	17	5 8	O
	EASED NAME	FIRST	A	AIDDI E		AST		REG. N		AY YEAR	2b. HOUR
(TYPE	OR PRINT)	their	0.0	0		Redman)		(2	2 84	1135 AM
3. SE)	(RACE		5. DATE C			AGE IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	706	White		May	12, 1908	BEAR .	76	YRS.	ONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	OREIGN 7	L CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARK	RIED 9	BALTIMORE CITY	COUNTY	OF DEATH	
	rrisburg,	Va.	U. S.	A.	WIDOWE			Washing	ton	100	MD.
120	r or town of DEA	ATH 1	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE gton Cou	ET ADDRESS)	SPITAL		70 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Housewil	F WORKING LIFE	INDUSTRY	n Home
U5U /	AL RESIDENCE IN NURS	ING HOME OR C				1 124 INISIDE CITY II	murca fo	2. CIDEET ADDRECS	/ 710 CODE		
	ryland		ington	Rohrers		134 INSIDE CITY LI	X	Rfd. 1	Box 15	6 21	779
14. FA	THER'S NAME		IDDIE	1.61		15. MOTHER'S MA	IDEN NAME				
	George		nington	Holl	ar	E	lla	Mae		Fa	tely
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT		150	SS Wira	inia A	tre.
N	(ES, NO OR UNKNOWN)	IF YES, GIVE	WAR OR GATES)	220- 18	3- 0350	Larry R	. Redn		erstow	n Md.	21740
188	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only 'AS CAUSED IMMEDIATE	CAUSE (a)	0	UENCE OF	Faile.	e Ca	rdiac Ari	rest	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause last. (b) // 12 specially facilities 2 days 2 days								ay		
NO	<i>\</i>	PEVIO		FIC H	D DE ATH BUT	Pice as	THE TERMIN	Myocard	DITION GIVE	Jan 11	tion
CERTIFICATION	190 DATE OF OPERA			TION FOR WHIC	H OPERATIO	N WAS PERFORME	D	206 AUTOPSY?	20b. IF YES, IN CERTIFY YES	ING CAUSES	
MEDICAL CERT	710. ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJU			NO []
WED	21d INJURY OCCUR	THE [21e, PLACE (OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET		CITY OR IC	OWN	COUNTY	STATE
	220.1 certify that (1) (this hospital) attended the deceased from										
	PHYSICIAN'S N.	AME (TYPE OR	1000 1001			PHYS 22e ADDRESS	+ AG	- / Hager	ast Fi	rst St Md. 2	
- (BURIAL, CREMATION, SPECEY) Burial	REMOVAL	23b. DATE 6-25-8			ille Hgts		23d. LOCATION CHY OR TOWN Brownsv.	ille,	wash.	Co., Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR
John H. Bast, Jr.

Boonsboro, Md. 21713

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE his Lavidson-Randage

Hey 12, 1908 + 3 + Penal C 0004-0203 House all all period Assert County Hospital The filtrate inch counting a live. 12115 621 155 11119 vistal said TATION CAMPACA NATION 220-18-0350 Larry L. Messin, 1503 Mir-inin Are. TENORAL TANDALES Required Function Amount with the party the same with the same of the same of the . 34 31 2 37 3 6 6 HETELEON. 111. 21710 2-5-81 promerille age. Oct. Brownsille. Med. Jo., Mo.

voan i. Dans. dr. do p.boro, dr. effe

Artist Control of the - Mark Wheeler and the grade of the control of the

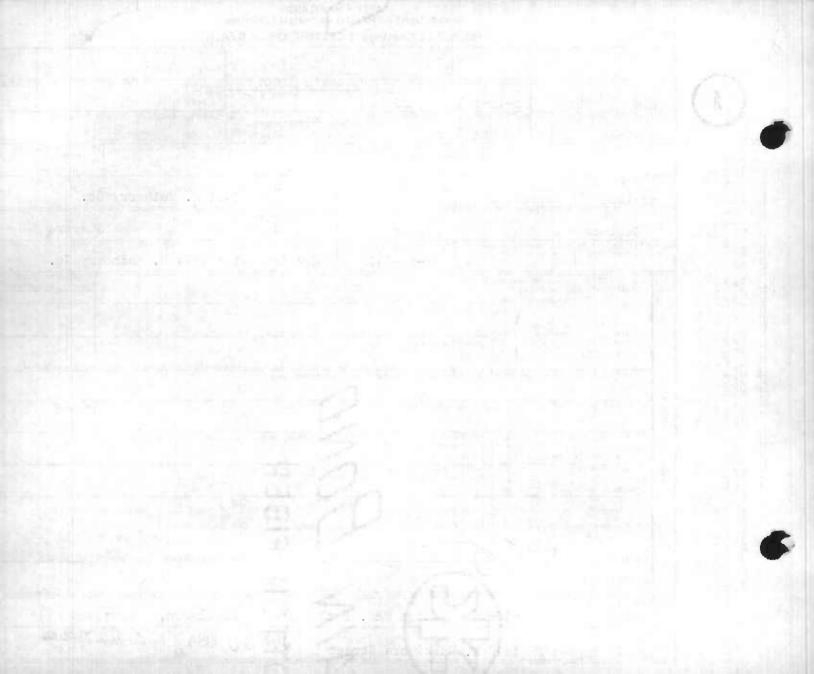
1 - STATE REGISTRAL STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

D MENTAL HY	GIENE		3
DEATH	O	REG.	NO.
	T		

1	REGISTRAR			REG. NO.	
Ī	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ı	Bessie	June	Ridenour	6	6 84 10 AM
I	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1	Female	White	Oct. 15 1935		RS.
1	78 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	INTRY? 8. MARRIED NEVER MARRIEI	9 BALTIMORE CITY OR COU	NTY OF DEATH
1	Maryland	U.S.A.	WIDOWED DIVORCE		County MD.
7	10 CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Hagerstown	Washington			Home
1	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)		2720111
7	100 000		erstown YES NO D	100 00	
1	IL FATHER'S NAME		15. MOTHER'S MAIDE	NNAME	
4	Albert	Mil	1 11 31	MIDDLE	Green
7	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO. 17. INFORMANT	ADDRESS	02002
1	(YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES}	34-9649 V. Dale	Ridenour Same	as #13
1				and or other boards	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	TE CAUSE (a)	D. sulman	racy arres	<i>t</i>
1	IMMEDIA		THE REPORT OF THE PERSON OF TH		
1	Canditians, if any, which	DUE TO, OR AS A COM	te and	ngia	
1	gave rise to immediate cause (a), stating the	(10)			
1	underlying cause last.	DUE TO, OR AS A COM	Ove the me o	litus	
1	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART Lig
1					
3	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
7]	¥			YES NO	RTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
١	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEA	A IB PART I OR PART 2)
П	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR		
1	(IF EITHER NOTHY MEDICAL EXAMINES	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
ı	NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC)	4	31111
ı	220.1 certify that (I) (this hospi	tal) attended the deceased	l from	75,10 6/6	19 89 , that (1) (we) last
1	saw the deceased alive an	t) viewsthe bady after death	19_54, and that in (my) (aux) a	oinian death occurred an the date and	hour and fram the couses stated
1	776 SIGN JURE	The budy uner death	DEGREE		22c. DATE SIGNED
	Sione 1	Lunan	TI Ph. D. M.D ATTEND	ING MEDICAL STAFF	
Ħ	124 PHYSICIAN'S NAME ITHE	(reset)	122e ADDRESS	7	
	1 / '				
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE	231. NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION	
	(SPECIFY) Burial	6-9-84	Park Head Cemer	tery Hancock W	ash Md.
	24 FUNERAL DIRECTOR	305 N.			GISTRAR'S SIGNATURE
	Gerald N. Minn		town, Maryland	10 Julie Deir	der-Randelle
U					

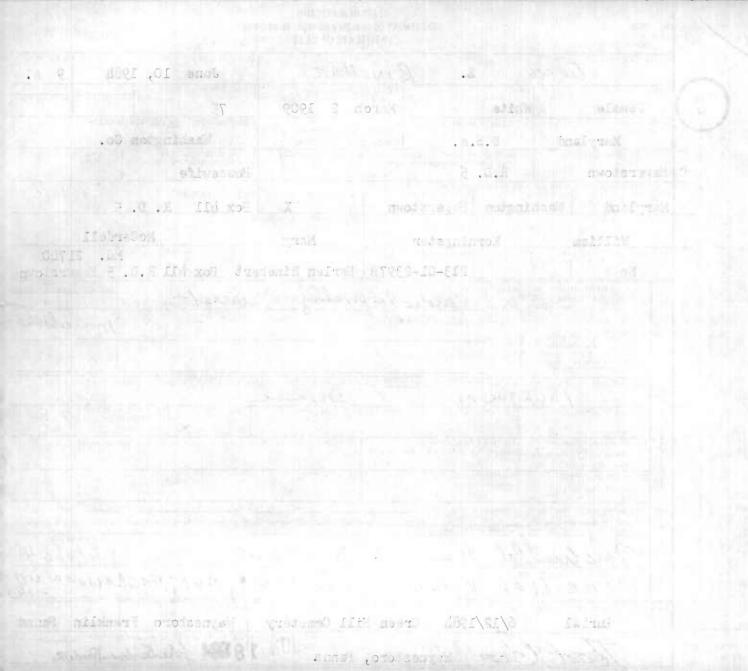
DHMH - 16 50M 4/83 (VRA 15, 4)

	1-	STATE REGISTRAR		MEI	DICALE	EXAMIN	IER'S CI	ERTIFIC	ATEO	FDEA	JH R	G. NO.	5 8 Y	
7		CEASED NAME	FIRST		WIDDLE		L	AST			2a. DATE KNOW		INTH DAY YEAR	2b. HOUR
No. of Street			John				Rid	- min			DEATH MAT	ED 06/	11/8419	M
SA SING THE PARTY OF THE PARTY	3 SE		Lack	5. DATE OF BIRTH MONTH DAY 3-12-194	YEAR	6. AGE (IN YE LAST BIRTHD		DER 1 YR.	HOURS HOURS	MIN.	2r. DATE PRONOUNCED DE AD		11/84 ₁₉	8:47 P M
		IRTHPLACE (STATE OF	2	76 CITIZEN OF WE	IAT COUN	TRY?	8 MARRIE	D MEV	ER MARRI	ED 🗆	9. BALTIMORE	CITY OR CO	OUNTY OF DEATH	
DAN SER	M	aryland		USA			WIDOWE		DIVORCE	1	Washin			MD.
ELAY IS FOTHE F PAGE S. 201 V	2 1	ity or town of bi lagerstown	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROXDURY Correctional Ins				FOR MOST OF WORKING LIFE) OR INDU					ORK 12b KIND OF BI OR INDUST	JSINESS IRY	
RE, MD. 21201 EATH. IF ANY DELAY IS ES 1, 2, AND 3 TO THE F IPM 3. RETAIN PAGE IND 2 SHOULD BE FILED. F VITAL RECORDS, 201	13a.	USUAL RESIDENCE (IF IN NURSING HOME 130. STATE 13b. COU Maryland Hag				DEFORE ADMISS OR TOWN	E ADMISSION) OWN 13d INSIDE CITY LIMITS? YES NO 1. 13e. S		13e. STR	STREET ADDRESS Mulberry St.			0	
ORE, MD. DEATH. IF CGES 1, 2, RM PM 3. AND 2 SI OF VITAL	15	ATHER'S NAME FIRST Eustace		MIODLE	Ric	dley		15. MOTHE	R'S MAIDE nnie	NAME	MIDDLE		Shepard	
TER D FORN FORN ON O		WAS DECEASED EVE YES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)		-54-38		17. INFORM		idle:		V. Mul	berry St.	
		18. CAUSE OF DEA	WAS CAUSED	ly one cause per line DBY: TE CAUSE (o)			oid He	emorrh	nage	(spor	ntaneous	;)	APPROXIMA BETWEEN ONS	E INTERVAL
PREST ITHIN 2 CIL IN 1 VER AL ANSIT REMO		Canditians, if gove rise to cause (a) stotic lying cause las	any, which immediate	(b) DUE TO, OR									The Way	
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING". IN PEN RED TO THE CHIEF MEDICAL EXAMIL RE 3 SHOULD BE USED AS A BURAL. TRE E DEPARTMENT OF HEALTH AND MENT OI PRIOR TO BURIAL, CREMATION, OR	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)												
F VITAL RE E SHOULD NORD "PEI E CHIEF W BE USED A INT OF HEA INT OF HEA	CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDI	ION FOR V	WHICH OPE	RATION WA	AS PERFOR	MED?			F.S.	20 AUTOPSY YES 🖾	(? NO □
DIVISION OF VITAL RI IIS CERTIFICATE SHOULD VRITING THE WORD "PR AROED TO THE CHIEF A GRE 3 SHOULD BE USED. TRE DEPARTMENT OF HE 201 PRIOR TO BURIAL, 0		210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR		. MONTH	DAY YEA		W INJURY	OCCURRE	D LENTER !	NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)	
DIVISION NER: THIS CERTIFIC CATE, WRITING TH FORWARDED TO TOR: PAGE 3 SHOUL THE STATE DEPART/ AND, 21201 PRIOR	MEDICAL	WHILE OCCU		21e PLACE (OF INJURY FORY, FARM, ET		21f. LOC 51	ATION REET	Th		CITY OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW AFTER DEATH, WITH THE STABBALTIMORE, MARYLAND, 2	AFT AND, 2	27a. I certify that I took charge of the remains described abave, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted Irom: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ,												
PECAL PROPERTY OF A PROPERTY O	7	SIGNATURE	1	7/1/0			M.	ASS:	istan	t_MED	ICAL EXAMINER	R S	IGNED 6/12	/84
TO METER IN PAGE IN PA	72-	EXAMINER'S NAM (TYPE OR PRINT)	Gre	egory R. M		nan, M			-				Md. 2120	
BP		Burial	, NEW OVAL	6-16-84		ngs Me			No Diver		CATION OF TOWN I Limore		aryland	STATE
DHMH - 17 (VR A15 ME (5))	100	FUNERAL DIRECTOR NAME 3 rown/Thom	pson F	H 1913 W.	Balt	imore	Stree	t	'אונר'	20	1984 gu	ha Davi	R'S SIGNY URICE	4
20M 4/B2														



Waynesboro. Penna

(VRA 15, 4)



DHMH - 16 50M 4/83 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND LEALTH AND MEN ICATE OF DEA	ITAL HYG	IENE REG. NO	9 7	5	9
		CEASED NAME	THA		AIDDLE	Rosi	AST ENRER!	2.4				
	Female Female			4. RACE S. DATE O White Jan			15,1909	YEAR	6. AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	HUNDER 24 HRS HOURS MIN.
15				76. CITIZEN OF WHAT COUNTRY?				RIED 🗆	BALTIMORE CITY O	or Co., MD.		
9	110	agerstow	(C)	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IM SUCH FACILITY, GIVE STREET ADDRESS) Washington Co. Hosp.					12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Teacher		INDUSTRY	of BUSINESS OR ation
5	13a. 5	A.	HOME OR COUNT	Y	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Ft. Loud	V	- Up.ab		Ft. Loude		1722	1299
8	art, na	THER'S NAME	knowr	DDLE	LAST		15. MOTHER'S MA	len na/	WE	Lin	ninge	st P
3		/AS DECEASED EVER		ED FORCES? WAR OR DATES)	199-05-		Joan S	Sloca	401 Ere Fairfi	urlin	ngton Iowa5	Ave. 2556
	NOI	Conditions, if any, gave rise to sever course its to sever course in the course course and course course and course course and course c	nediate ng the last	(b)	R AS A CONSEQUE	SCLER		IN AL DISEASE OR CONI				
1	CERTIFICATION	1% DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	n was performi	ED	200 AUTOPSY?			NGS USED S OF DEATH? NO []
7	MEDICAL CE	210. ACCIDENT WAS UNI OR CONTRIBUTING [] ((IF EITHER, NOTIFY MED)	CAUSE OF DEAT	P.I	M. MONTH DA M. DFINJURY	19	211 LOCATION	Y OCCURE	RED (ENTER NATURE OF INJUR		COUNTY	STATE
	W	220.1 certify that (1) sow the decease bove, (1) (we) (1)	(this hospite	ol) ottended the	olter deoth.	, ai	nd that in (my) (our	9r} opinion (, to death occurred an the do	te and haur	9	
7	73a 0	PHYSICIAN'S N.	ARD	PRINT) By	RD M	A.D.	PHY 22e ADDRESS 1198	SICIAN [DIRECTOR PHYSIC		HAG	21740 T. Md.
7	1	Burigl	ILMOVAL			tenge		Cem.	. CITY OR TOWN	p.,Fr	COUNTY	in Co.

- 1,24.0 s 4 499 the state of the s all industrials to the second of the second Setsimoli, il si pur parameter and extensive to the first terminal and the second Blanch (1997) Service of the stratum of the stratum



		1 -	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	10.		
be	eath eath		CEASED NAME MARY	LICE VIRGI	NIA STS	CLAIR	20. DATE OF DEATH	MONTH DAY	YEAR 84	26. HOUR - 15 M
4 mo)	4	3. SE)		1 RACE	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN.
oge	111	1. DI	FEMALE RTHPLACE (STATE OR FOREIGN	WHITE	9/	13/08	9. BALTIMORE CITY	YRS.	DEATH	
车	THE STATE OF THE S		OUNTRY)	A CHIZENOF WHAT CO	MARRIED	NEVER MARRIED				
deo	1		gerstown Md	11. NAME OF HOSPITAL	NURSING HOME O	DIVORCED TO THE OTHER INSTITUTION	Washingt			MD. OF BUSINESS OR
offer	ed the		lliamsport	WilliamsD	GIVE STREET ADDRESS)		Embossin	OF WORKING LIFE)	Shoe	
hours	be fin	USUZ	AL RESIDENCE (IF NURSING HOME TATE 13b CO	OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	19	OHOC	.0
24	filled and blood		aryland Was		erstown	YES NO	1 542 Geor	ge St.	217	740
within	12 st		THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAS	§I
ped	dwo		muel Lafaye				lissa "Lou	udenslo	<u>ıger"</u>	
xeco	Poges medico			GIVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDR	Poton	nac I	owers
o e	73. Po		No I -	1214	-09-5563	Charles A	<u>. St.Clai</u>	/Apt /		
cote	hysica cope		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause per line for to	a), (b), and (c)	0 1 11 .			BETWEEN	ONSET AND DEATH
erit	pong pong		IMMED	ATE CAUSE (a) VCA	tricular	Herhythmi	a			
oth	e cor in, or		C 182	DUE TO, OR AS A CO		Una I Trian				
e de	motic		Canditions, if any, which gave rise to immediate	107	chemic	Heart Disc	asc			
tot to	by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	DNSEQUENCE OF					
res +	aned a plea		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TER!	MINAL DISEASE OR COM	IDITION GIVEN	IN PART 1	la
obe	The The injury	NOI	Diab	ctes	4					
e low	n. permit ne prio	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		NGS USED S OF DEATH?
- T	hysicios ficore h fronsit ș I Hygier 18 shov	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR		_	OR PART 2)	
CIA	certific riol-tri entol t		OR CONTRIBUTING CAUSE OF	ZEATH	NTH DAY YEAR					
PHYSICIAN:	tending p this certif the burial-ind Mental	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	!Y	211. LOCATION	CITY OR TO	OWN	COUNTY	STATE
9	offer the state of	2	AT WORK AT WORK	(AL DOME STREET, FACTO	orrice, ramm erc.)					
- Q	R. A. Use of Health	10	220.1 certify that (1) (this ha	1/4-	ed from 5/	11 19 79	, to	16, 19_		that (1) (we) last
ATTE	RECTO eed for pt. of th			on 6/25 nat) view the body after dea	940	d that in (my) (aur) apinion	death accurred on the a	ate and haur an		
8	0 0 0 4		338 REIGHATURE	M. O. L		DEGREE ATTENDING .	MEDICAL STA	FF	22c. DATE	SIGNED
TAL	Al Al det det det det fir.		THE PHYSICIAN'S NAME LIVE	Mucus	N-	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSI	CIAN		
HOSPI			//	Melnick		16220 Frede	rick Pd Ca	itherch	1200	MA 2076
0	should b	02. 0			I 22. NAME OF C	METERY OR CREMATORY	123d. LOCATION	T CHET SD	irg,	Ma. 20760
	BP	- 1	URIAL, CREMATION, REMOV	6/29/84		iven Cemete	CITY OF TOWN	town W	ach.	Md STATE
			rial JNERAL PREST Hav				PRECIBION OR GISTRAL	256 REGISTRAL	USII.	TURE
DHM	H - 16 50M 4/B2 (VRA 15, 4)	16	501 Pennsylv	ania Ave./	Loomes CHape	in Md	3 CHOO HOISTAN	a Davidson	- Mande	Me :
		-	OF I CHILOTTA	WILL TANGET	IUSCI STUY		100			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. Very to a superior to the state of the

njury, ar other traumatic

m 18 she

MPORTANT: If hem 21 is

CERTIFICATION

MEDICAL

1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		NE REG. NO.	7 5	9 4
		- dNA	RACE .	Mae	Se S. DATE C	m ler		20 DATE OF DEATH MONT	29 84	2b. HOUR 1 40 M R IF UNDER 24 HRS
	Female		white	le Hi	MONTH	DAY YEA		72	MONTHS DAYS	HOURS MIN.
N BI	RTHPLACE (STATEORE	FOREIGN 71		A.	8. MARRIEI WIDOWE	D NEVER MARRIE		BALTIMORE CITY <u>OR</u> CO Washing t		MD.
H	ity or town of dea lagerstown		COLTOR	FACILITY, GIVE STREET	NULL &	or other institution		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		OF BUSINESS OR Y
	al RESIDENCE (# NURS STATE Maryland	Wash	ngton	Hagers		13d. INSIDE CITY LIM	ITS?	30. SIREET ADDRESS 813 Securit	y Road	11740
I FA	Clarence	^)	DOIE	Stodda	rd	15. MOTHER'S MAID! BERd		B. MIDDLE	Seil	pert
50 V	WAS DECEASED EVER		NED FORCES? WAR OR DATES)	214-09-4		Mr. Lero	y Se	emler, Hagers	stown, Ma	aryland
	18 CAUSE OF DEAT PART I, DEATH W Conditions, if any, gove rise to imm cause (a), static underlying cause	/AS CAUSED IMMEDIATE , which mediate ng the	DUE TO, OR	AS A CONSEQUE		Jungs And	104 Las	wento	APPROBETWEE	DXIMATE INTERVAL
CERTIFICATION	PART 2 OTHER SIGN	201				NOT RELATED TO TH	E TERMIN	200 AUTOPSY? 206	IF YES, WERE FIND ERTIFYING CAUSI	DINGS USED
MEDICAL CERT	21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	P.A. 21e PLACE C	A. MONTH DA	19	21c. HOW INJURY C	CCURRE	D (ENTER NATURE OF INJURY IN IT		
4	WHILE NOT WE AT WO 220 1 certify that (1)	(this haspite				DEGREE		, to, to	nd hour and fram th	that (I) (we) lost the causes stated

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

Female Maryland 10 CITY OR TOWN OF

14 FATHER'S NAME Clarenc

160 WAS DECEASED EV

3. SEX

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

236. DATE 23e BURIAL, CREMATION, REMOVAL burial July 2,1984 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Maryland 21740

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

Hagerstown, Wash., Maryland

250. DATE RECID. BY REGISTRAN 251 REGISTRANS SIGNATURE

Contract of the last of the H. willy hard

- 6	1	FOR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENE	
4	1-	STATE REGISTRAR	MEDICAL EXA			10. / 3 7 3
POR		CEASED NAME FIRST PAUL	MODIE	SHANK	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOUR
STREE	3. SE		MONTH DAY YEAR LAST	E (IN YEARS IF UNDER T.YR. IF UNDER T.YR. HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR
SSAR WALD SSTO	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	YRS. NEVER MAR	9 BALTIMORE CITY	OR COUNTY OF DEATH
DANS TO SERVICE OF THE PERSON	1	Md.	U.S.A.	WIDOWED K DIVOR	CED [] W	A3.H. MD.
PACE PACE PACE PACE	14	agers fown	II. NAME OF HOSPITAL, NURSING (IF NOT IN DUCH FACILITY, ISINE STREET OF THE STREET OF	o. Hospital	120 USUAL OCCUPATION (TO FOR MOST OF WORKING WEE)	YPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HESENRES
Marin Marin		TATE 13b, COUN'	ROTHER INSTITUTION, ONE RESIDENCE BEFORE A TY 136, CITY OR TO SW	WHI 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS RD8, BOX	6721740
MO SERVICE MO	14. F.	THER'S NAME	MIDDLE Sha	15 MOTHER'S MAII	MIDDLE	Vo (finder)
BALTIMORE, MD. 21201 GVE PAGES 1, 2, AND GVE PAGES 1, 3, AND THE FORM, PM 3, REFA PAGES 1 AND 26 FOUL		VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRES	
BALT GIVE	-	yes IN.	y one cause per line for (a), (b), and (a)		Phen t. Shank	APPROXIMATE INTERVAL
L RECORDS, 201 W. PRESTON ST., UD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALONG ED AS A BURIAL-TRANSIT PENMI HEALTH AND MENTAL HYGIENE IL, CREMATION, OR REMOVAL.		PART I DEATH WAS CAUSED	E CAUSE (a) LA VO CA DUE TO, OR AS A CONSEQUE	rdial infarct	Dayv .	BETWEEN ONSET AND DEATH
RECORDS, 2 D BE EXECU PENDING" II MEDICAL E O ASA BURIL GETHA AND CERMATIO	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a)	
A DOESSIL	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
CRIFICATE SHO TIMES THE WORD PED TO THE CHIE 3.3 SHOULD BE USI DEPARTMENT OF		21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR 21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	
DIVISION OF VITA R. THIS CERTIFICATE SHE THE, WRITING THE WORE REPAGE 3 SHOULD BE UF ESTATE DEPARTMENT OF TO STATE DEPARTMENT OF TO STAT	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	? THE PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
EXAMNER: THE CETHICATE, VIDE BE FORW, UID BE FORW, WITH THE STAMMARYLAND, 21		228 I certify that I taak charg	e af the remains described above, held	Suicide , Hamicide	Inquiry , c	and in my opinian
	4	ACTUAL SIGNATURE	arelule	M.D. De	MEDICAL EXAMINER	DATE SIGNED JV1 484
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERA AFIERDEATH	72a B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2	-N WLETS	ADDRESS 58 D	Northern AV F	typerstum but
BP	1	DECIEAL 3	6-7-1984 Ceda	w Hell Cem.	ANTHUM TWP	Frank in Co. 86
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	N	ARVIN Mille	R GREENC	Astle, PANN	11 184 gulander	ridoun-April

MANAGER STATES OF THE PROPERTY AND AND THE Many 300 to a love of the state of A THE AT THE STAY OF THE PARTY A SECTION OF A LEGISLAND ASSESSMENT OF A SECTION OF A SEC

i.	low requires that the death certificate be executed within 24 hours after death. Page 4 may be	s been signed by the offending physician and compliately filled in try the funcial director, page 2, rmit. Then please remave corbon papers. Pages 1 and 2 should be filed within 72 hours after desire
	d ²	0.2
	deoth	s been signed by the offending physician and compliantly filled in by the functoil directi rimit. Then please remove corbon paper. Pages 1 and 2 should be filed within 72 hours
	ž	23
3	0	3.5
	- 3	5 2
2	44	100
5	- 5	7.0
	- 1	5 5
È	9	0.6
i i	ğ	p.#
2	- 6	8.0
	- 3	8 %
0	CO	ap do
	1	9 0
5	9	din
	eo	ye v
2	e e	9 E
É	÷	y th
5	4	d b
ń	5	en p
E C	8	5 -
ECCRDS, 201 W. PRESION 51., DANIMORE, MARINETERS	30	be

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١		REGISTRAR				CERTIF	ICATE OF I	EATH	0	REG. NO.				
		EASED NAME	FIRST	٨	MIDDLE	L	AST		2a DATE OF DE	ATH MONTH	DAY YEA	.R 21	HOUR	?
	TITPE	OR PRINT)	John	Do	onnelly	SH	ARER		Jur	ne 8, 19	84			м
1	3_SEX			4_RACE		5. DATE C		45.0	6 AGE INYEAR	S (AST BIRTHDAY)	MONTHS D		UNDER 2	A HRS.
١		male		whi	te	Nov	ember	7,1918		65 YRS			OURS	M II-4.
J		THPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER /	A APPIED	9 BALTIMORE	CITY OR COUN	TY OF DEATI	1		
S	M	aryland		U.S.A	٨.	WIDOWE		VORCED		Washing	ton			MD.
	1	TY OR TOWN OF DE		11. NAME OF H	HOSPITAL, NURSIN	G HOME C	ROTHER INS	TITUTION	120 USUAL OC	CUPATION R MOST OF WORKING			SUSINES	SOR
7	in the second	agerstown		l	nwood Di				Yardm	aster	ra	ilro	ad	
7	13a S M	aryland	Uasi Wasi	other institution. NIY lington	GIVE RESIDENCE BEFORE 13 CITY OR TOWN Hagerst	N	13d. INSIDE C	ITY LIMITS?	13e.STREET ADD 928 K	ress / zip co enwood	Drive	21	74	10
Į	14 FA	THER'S NAME		MIDDLE	IAST			MAIDEN NA		NDDIE		1241		
	1	William		Middle	Sharer		Ma	ary	~	ODDIE	Ship	ley		
		AS DECEASED EVER			166 SOCIAL SECU		17 INFORMA			ADDRESS				
		yes	W.	W.TI DATES)	215-14-	2507	Mrs.	Helen	Sharer,	Hagers	town,	Ma	ryla	nd
		18 CAUSE OF DEAT	TH (Enter or	nly one couse per	line for (a), (b), one	000		A 0.0	201		BETW.	ROXIMA EEN ON!	TE INTERV	AL DEATH
		PARTI. DEATH V		TE CAUSE (o)	CHK	2019	pulm	INTE	250					
		4928	9	DUE TO, OI	R AS A CONSEQUE	NCE OF	1.1.	1						
		Conditions, if ony gove rise to im		(b)	Co	K	ium	OWIN		- 1				
		cause (0), stati underlying couse	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF	ems	(142.	BRINU	hite				
	7	PART 2 OTHER SIG	NIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	R CONDITION C	IVEN IN PAR	Tlia		
_	CERTIFICATION		***	The court	T.O. 1 50 B 140 HOLL	0.050.4740	DEDEC		20g AUTOPS	V2 Jan IEV	ES MEDE SIN	101110	£ 11650	
)	FICA	190 DATE OF OPERA	NON	140 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFC	IKMED		IN CER	ES, WERE FIN	SES OF	PDEATH	1?
-	ERT	21a ACCIDENT WAS UN	IDERLYING F	21b. TIME O	F IN IURY		Tale HOW IN	LILIRY OCCUPE	YES N		YES		ио 🗌	
	0 1	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA			von occom	(Flater daton)	COL BASON HALLEM	, , , , , , , , , , , , , , , , , , , ,	-1		
	MEDICAL	214 INJURY OCCUR		P. PLACE (19	211 LOCATIO	ON						
١	WE		HILE		REET FACTORY, OFFICE, F	ARM ETC)	STREET		C	ITY OR TOWN	COUNTY	1	51	ATE
		73x I certify that I	hosp	ital) attended the	e deceased from_			. 19	to		. 19	the	ot (I) (w	e) lost
		sow the decea	ed elies an	t view the body	alter death		nd that in (my)	(aur) apinion	death accurred o	n the date and h	out and from	the car	uses stat	ted
		228. SIGNA URE	/1/	16/50	- Nda	<	DEGREE	ATTENDING A	MEDICAL DIRECTOR	STAFF		ATE SIC /8/8		
		22d. PHYSICIAN'S N		PRINT	Prodo		22e ADDRES		_ OWECTOR [-		
		L. Dwight	t Wood	ster, M.	D., F.C.C	.P.	1825	Howell	Road, Ha	agerstow	n, MD			
	23a B	URIAL, CREMATION	, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d LOCATIO	ON				

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detach IMPORTANT: IF

burial

June 11,1984 Rose Hill Cemetery 415 E. Wilson Blvd., Hagerstown, Maryland 2101 2 1984 Julie 2

Hagerstown, Wash., Maryland



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR LIYPE OR PRINTS June 20 1984 IF UNDER 1 YEAR AGE (IN YEARS LAST BIRTHDAY) IF LINITED 21 HRS 3 SEX Sept. White Female TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Washington County DIVORCED [] Maryland WIDOWED CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Homemaker Home Washington County Hospital Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 935 Concord St Washington Hagerstown YES X NO Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Elizabeth Martenev Bessie John Frank Potts Spring Trove, Pa. 17362 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) Briercheck Rt. 4 Box 420 No Lacenda APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Lateral S Calerosi Amietro Muic Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION All Sly 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES F NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED 211. LOCATION 21s. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE AT WORK 22a | certify that (1) (this hospital) attended the deceased fram saw the deceased alive on_ and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated obave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 402A WASHID 230 NAME OF CEMETERY OR CREMATORY 73d. LOCATION 23ª BURIAL, CREMATION, REMOVAL 236. DATE Burial 6-22-84 Resthaven Cemetery Hagerstown Wash. 24 FUNERAL DIRECTOR 305 N. Potomac St.

N. Minnich Hagerstown, Maryland 7

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Detrie J. Showe June 20 1991 Sent District Contract Contrac New York Co. S. C. C. Designed Large and Madelin can ling rather x 255 Concept St. Translation of the control of the co THE RESIDENCE OF THE PROPERTY OF THE PARTY O man of wall and the state of the transfer o Complete the street and second and second at the street before

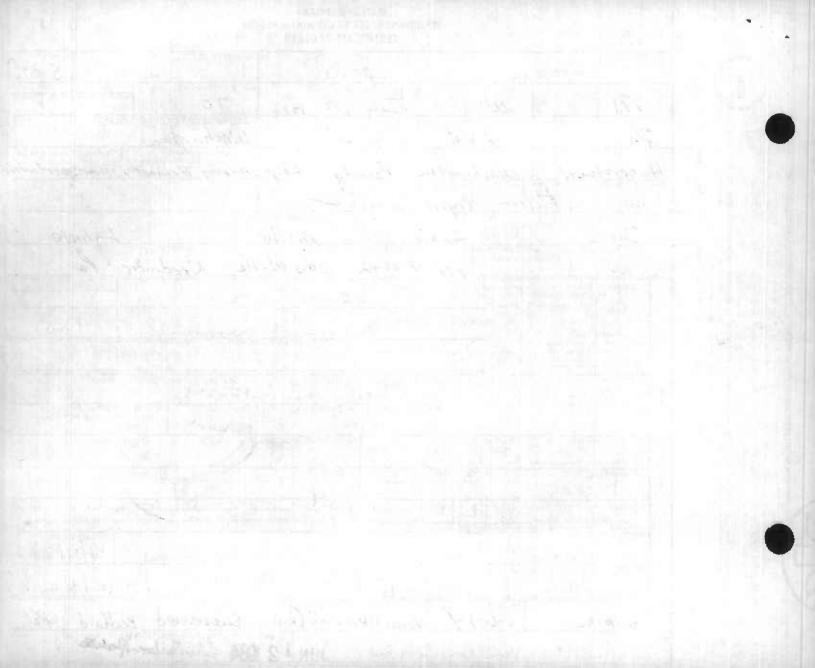
1	1	
PAITIMODE MADVIAND 31301	ALLIMORE, MARIENIA ZIZOI	
DECTON CT D	FRESION SIL, D	
201 LA	107	
TO WILLIAM DECORDE AND W. BDECTON CT	VII AL RECORDS,	
DIVICION OF	DIVISION	
	-	

	-1							OF MARYLAND		SHRIFTE	m o
1		1-	FOR STATE	71,00	1	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 4	10	7 0
O	1	DEC	REGISTRAR (riveg	, , ,	MIDDLE		AST	REG. NO. 20. DATE OF DEATH MONT	TH DAY YE	AR 2b. HOUR
eo e			OR PRINCIPLE	1		Lester	Shr	ader	June 2		28. 110 OK
1/1	3	. SEX	-)	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS
(4)			male		whit	e	Mai	07 7070	72	YRS.	
	5	C	RITHPLACE (STATE OUNTRY) Arvland	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR CO Washing		H MD.
ofter e	9	0 CI	gerstov		/ JE NOT IN SUC	THEACHTY CAVE STREET	ADDRESSI	Hospital	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK engineer	RKING LIFE) INDUS	nd of Business or allroad
24 hours lled in b uld be fil	h	USU A		136 COU	OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP		21740
hin Sho	_		THER'S NAME	IVVasi	Higton	nagerse	CAATI	15. MOTHER'S MAIDEN NA		mgun	Avertue
ond 2			Josep	h	WIDDLE	Shra		Emma	MIDDLE	Eve	erhart
n and ce Pages 1	1		(AS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS		
Page 1		No				214-09-	5183	Margaret	D. Shrader,		
physicie npaper maval.			18 CAUSE OF DE PART I. DEATH	WAS CAUSE	nly one cause per D BY: TE CAUSE (a)	CARDIC	OEn.	ic SHOCK		SETV	PROXIMATE INTERVAL WEEN ONSET AND DEATH
ding orba				INVICTIA	100000000000000000000000000000000000000	R AS A CONSEQUE	NCE OF			15-17	
death or attendin ation, or troumatic			Canditions, if a		((b)_		Acu	TR HYD CAMBI	or impaners	oh	
by the 2se ren 1, crem ather			gave rise to i cause (a), sta underlying cau	ting the	DUE TO, O	R AS A CONSEQUE	ENCE OF				
equires the signed Then plee to burio niuvy, ar		NO	PART 2 OTHER S		CONDITIONS CO		10	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO)N GIVEN IN PAI	RT lia
in. has been permit. the prior	1	CERTIFICATION	19a DATE OF OPER	* 0			OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200	LIF YES, WERE FI CERTIFYING CAI YES [7]	INDINGS USED USES OF DEATH? NO
No. The species of th	7	CER	210. ACCIDENT WAS	INDERLYING [216. TIME C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I		
Clar of the	100		OR CONTRIBUTING		ALIP .	.M. MONTH DA	19				
HYSI nding his ce buri		MEDICAL	21d. INJURY OCC		21e. PLACE			21f. LOCATION	CITY OR TOWN	COUNT	TY STATE
NG Ph of the the state of the ord orked orked or the order or the orde		×	WHILE NOT	WHILE	(AI HOME, SII	REET, PACIONT, OFFICE, P	ARM, ETC J			2/	
VDIN Lor S. Af			220.1 certify that	(I) (this hosp	ital) attended th	ne deceased fram		19 82		19. 67	, that (I) (we) last
Spiro Spiro STOF for of H	3		saw the dece abave, (1) (we	ased alive or (did no	b · 2		84 , an	nd that in (my) (our) opinian	death accurred an the date a	nd haur and fran	the causes stated
the hos the hos L DIREC stocked te Dept			226. SIGNATURE	6X	5			DEGREE ATTENDING OF	MEDICAL STAFF DIRECTOR PHYSICIAN		20.84
HOSPITAL Ined by the FUNERAL VId be de de the State	7		22d. PHYSICIAN'S					22e ADDRESS			. b.o
retained TO HOSP Should be with the Should but	4		0110	ROZV	+	-			now DAIR;	17 HUKILSI	ber our
BP		230. B	URIAL, CREMATIO Urial	N, REMOVAL	June	25,1984		EMETERY OR CREMATORY Haven Cemete	23d LOCATION CITY OF TOWN Hagerstown	n,Wash.,	Maryland
DHMH - 16 50M 4/B3			NERAL DIRECTOR			FUNERAL		25a DAT	26 BO4 ful	REGISTRARIS SIC	Market
(VRA 15, 4)		4	15 E. W:	ilson	Blvd.	, Hagers	stown	, Md.217401	40 00.		

A STORY OF THE PARTY OF THE PAR BERTHROLD K SHITE DE DON'T CANADA POUR DE MUGESTAN

20		1 -	FOR STATE REGISTRAR			DEPART		ALTH AND MENTAL CATE OF DEATH	HYGIENE	REG. NO	0.	7 5	9 9
e de	page 3 r death		CEASED NAME OR PRINT)	MARY		BLANK	HE S	mITH	2a.	DATE OF DEATH	6/a	8/84	26 HOUR AM
0	9.0	3. SE			I. RACE		S. DATE O	BIRTH YEAR	6. A	GE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
- 1	Tha	6.	female		wh:		May	7, 1893		91	YRS.		
6	At Toh		RTHPLACE (STATE OR P			WHAT COUNTRY?	MARRIED	□ NEVER MARRIED	9.8	ALTIMORE CITY O	_	OF DEATH	
-	1111	10 61	Maryland		USZ		WIDOWE	DIVORCED OTHER INSTITUTION		Washing		Tim KIND O	MD.
. 4	To ALL	10 C	TY OR TOWN OF DEA		I IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(17)	PE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	F BUSINESS OR
1201 urs o	o file	USU	Hagerst					y Hospita	all	housewi	fe	01.7	10
10 2 24 ho	lled i	13a, S	TATE	136 COUN	TY	13c. CITY OR TOV	N	136 INSIDE CITY LIMIT		STREET ADDRESS		217	
Min 2	Short Short		ryland	wasi	ingtor	Hager	SCOMII	YES X NO 1		1228 R	aveny	vood H	eights
J wit	and 2		Jacob	N	NDDLE	MacKen	zie	pirst Del	lla	MIDDLE		Ker	
E, N	E O O	160 V				16b SOCIAL SECU		17. INFORMANT	LLU	ADDRE	SS	Wer	115
MOR	Poge media	- (PAS DECEASED EVER ES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	705-10	-538	7 Mary	Craw	vford, H	agers	stown.	. bM
55, 201 W. PRESTON ST., B juires that the death certifica	signed by the attending phy ten please remave carbanpa a burol, cremation, or remov jury, or other traumatic event	7	Conditions, if ony, gave rise to imm couse (o), stotin underlying couse	which nediate g the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE	Henri	rT Dise	brille	EN IN PART 110	ninutes
NI RECC.	t permit. If	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED		(ES NO	IN CERTIF	, WERE FINDIN	
DIVISION OF VITAL RECO	certificate rial-transi ental Hygi		218. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	n		AY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
NG PHYS	free this os the but the ord M. orked or	MEDICAL	21d. INJURY OCCUR	SEE [21e. PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE	FARM, ETC }	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
ATTENDI	of for use to of Heal m 21 is m		220.1 certify that (1) sow the decease above, (1) (were		12 100			that in (my) (our) op	pinion deotl	to 6 - C	ate and hour		
ITAL OR by the he	RAL DIRE		276 SIGNATURE	100	ner		ME	ATTENDITOR PHYSICIA		EDICAL STAI		6-2ª	9-8r/
O HOSPI	should be with the Sit		Charles	110	Spen			1198 Ke	enly	Ave,	Hag	erstow	n, Md.
BP		23a. E	URIAL, CREMATION, SPECIFY) Irial	REMOVAL	June	30,1984		METERY OR CREMATO	Cem.	Hagers	town,	Wash.	, Md .
DHMH -	16 50M 4/B2	24 FI	INERAL DIRECTOR	MINN	ICH FU	NERAL I	IOME	250	a. DATE REC	C'D. BY REGISTRAR	256 REGISTI	RAR'S SIGNAT	URE
	RA 15, 4)	4	15 E. Wil	son	Blvd.,	Hagers	stown	Md.	03	May guille	nucurds	on-Rande	

		STATE OF MARYLAND	
5	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1000
•	1.	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
-	1. DE		DAY YEAR 2b. HOUR
1 2		FEORPRINT) Acclase Sacde	5 64 1-33 6
(6 6 6 6	3. SE), colle	IF UNDER 3 YEAR IF UNDER 24 HRS
CITY	3. SE	MONTH DAY YEAR	MONTHS DATS HOURS MIN.
	1	// W July 12 1913 10 YRS.	
2 2 15/5		BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY	OF DEATH
		PA. WIDOWED DIVORCED Washington	MD.
	10. C	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
- 5 17	1.4	Lagerstown / Washington County the Losp. SHIPPING TERMINAL	ENDUSTRY CONTENTION
20	USU	JALRESIDENCE IF NURSING HOMFOR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION!	Allemopor
MARYLAND 2120' red within 24 ond 2 should till exominer husbe he	13a. S	STATE 136. COUNTY 136. LITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS	99999
A Short Shor	11.5	TATHER'S NAME (NYSTA) SORING YES NO [] 15. MOTHER'S MAIDEN NAME	/1///
RYLL Within Within	114 17	FIRST MIDDLE LAST FIRST . MIDDLE	LAST
MAR ond		Jacob Spade Mollie	LAHAIR
A Color of the		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES IND OR UNKNOWN) (IF YES GIVE WAR OR DATES)	1
BALTIMORE, cote be executivities and complets. Pages I wol.	,	NO 174-18-0542 Dow Waltz Needmon	e fit
MIT eers.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hysicote popping poppi		PART I DEATH WAS CAUSED BY:	B. WER ONSE AND SCALE
A STORE S		2028 IMMEDIATE CAUSE (o)	
CALLER ?		DUE TO, OR AS A CONSEQUENCE OF	1 4 mo
田ったはいまん		Conditions, if ony, which (16) Malquest ymphone	1 100
E 1/15/25 4 8/20		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
ol W.		underlying couse lost.	
		PART 2. OF FIG. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 10
RDS, 2	Z	Kend Friture Rhenetoral arthustis	
Bosen ony in	F	100. DATE OF OPERATION 100. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES	, WERE FINDINGS USED
REC	CERTIFICATION	IN CERTIF	YING CAUSES OF DEATH?
VITAL RI The k The k The cone has sit pere Hygiene B shows	1	YES YE 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 18 P	
A State of the sta	_	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	ART OR PART 2)
0 32 194 17	3	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
VISION O	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] 21l. LOCATION STREET CITY OR TOWN	COUNTY STATE
DIVISK DIVISK Sing From other the cost his one	2	WHILE ON NOT WHILE ON AT WORK	A 1
DIVIOUS ATTENDING Syphol or other (CTOR: After of the use os the other		220.1 certify that (1) (this haspital) offended the decrased from 2 8 , 19 , to	19 J, that (I) (we) lost
THE STATE OF		sow the deceased glive on 19 and that in (my) (our) opinion death occurred on the date and hou	r and from the couses stated
AI AI OSP		(bent) (b) (we) (did) (did not) view the body ofter death. The SIGNATURE: DEGREE	22c. DATE SIGNED
Dochwe he h		ATTENDING MEDICAL STAFF	6/11/24
TAL designation		PHYSICIAN DIRECTOR PHYSICIAN	1014184
od by JNEI	1	220. PHYSICIAN'S NAME (TYPE OR PRINT)	11
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.		Frederic It KASS II 1825 Howell No. 1+	te feed to was her
O 5 5 4 3 8		BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION	
GGGGGBP_9	1	BURIAL 6-6-84 Union Memorial Cem. Breezeward 6	bedfood Pa.
711111	24. F	FUNERAL DIRECTOR . 256. DATE REC'D. BY REGISTRARI256. REGIST	RAR'S SIGNATURE
DHMH - 16 50M 4/B2		NAME ADDRESS I	Manpletts
(VRA 15, 4)	-	Celso the low well any JUNI 2 384 gutta Davidson	,



STATE OF MARYLAND

And the second s

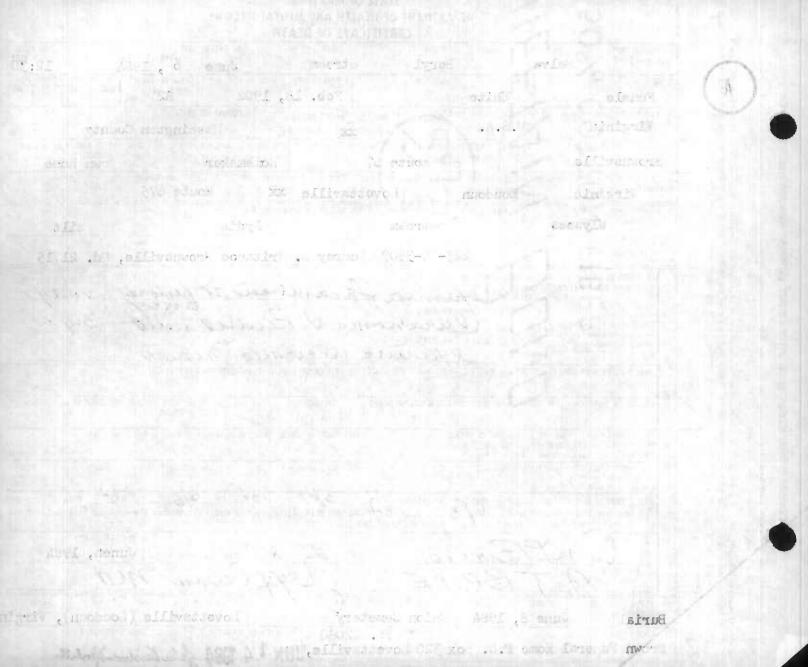
	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	0 -4	17	5	0 2	
	I. DEG	CEASED NAME FIRST		MIDDLE		AST	REG. NO		Y YEAR	2b HOUR	
1		Florer	nce .	Alice	STA	NLEY	June 17,	1984		7:05	
)	3. SE		4 RACE	Tiree	5. DATE C		6. AGE JIN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS	
/	fe	emale	white		Febr	uary 4, 1912	72	YRS.	NTHS DAYS	HOURS MIN.	
35		RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	9 BALTIMORE CITY OF Washi		F DEATH	MD	
20	-	agerstown	(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET VIIIa Nu	ADDRESS)	Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MUTSE		12b. KIND O INDUSTRY	F BUSINESS OR	
	USU/ 136. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 40 Emera	ald Dr	. 21	740	
10	14. FA	Terry	MIDDLE	Cover		15. MOTHER'S MAIDEN NA FIRST Alice	ME		LAS	dsell	
medico	(VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	234~54~06		Anna M. P	hillips, Hag	erstow		MATE INTERVAL DNSET AND DEATH	
injury, or other troumatic eve	TION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O CONDITIONS C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	SCULA SCULA ENCE OF		RMINAL DISEASE OR CONDITION GIVEN IN PART 110				
	CERTIFICATION	199 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION				200 AUTOPSY? YES □ NOXX	IN CERTIFY!			
9		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN			N ITEM 18. PART I OR PART 2)		
rked p	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE	
21 is ma		saw the deceased olive o above. (1) XXXXXX (did n	NW) oftended the JUNE 9	ne deceosed from		17 19 84 apinion	death accurred on the do	19 ite and havr c		that (I) (X e) lost causes stated	
MPORTANT: # hea		226 SWATERE CLUS ALLE PHYSICIAN'S NAME (1998 EDWARD W. D. 1	a D	Hor	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 1776 ADDRESS 217 WEST WASHINGTON ST				REET	19, 198	
<u> </u>		BURIAL, CREMATION, REMOVA (SPECIFY) Urial	L 23b DATE	23c. 1		EMETERY OR CREMATORY Port Cem.	23d LOCATION	eport,	COUNTY	a. STATE	
/B2	24. FI		NNICH I	FUNERAL	HOM	E 250 DA	TE REC'D. BY REGISTRAR		AR'S SIGNAT	URE	

DHMH - 16 50M 4 (VRA 15, 4)

BP.

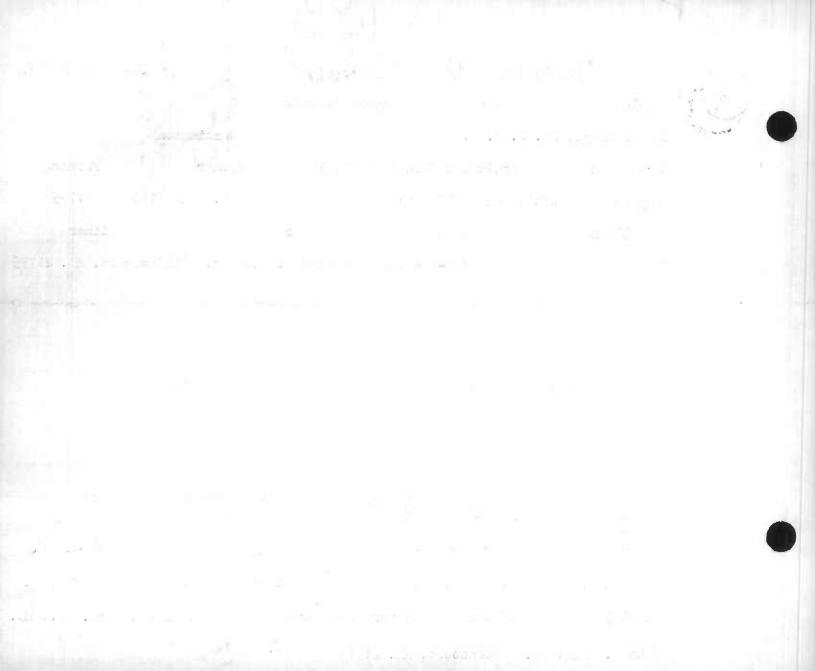
(a). (a) 31 am	
Alexander State of the State of	
Hedical III	
AR BANK THE STREET	
PALY VIA	Paral Subart - Augustonus-au
	Section 1 of Direct transfer and supported tr
Circle Stories of Tax is	
TOTAL CAPPEAU STAR	
beldeger, W. V.	The state of the s
A DE LINE SHEET WAS A PROPERTY OF A	HOLD THE STATE OF

			STATE OF MARYLAND
to	du e	1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
	d A	d Dept	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Melva Beryl Stream June 6, 1984 Year 12:30M
	(A)	3. SEX 4. RACE 5. DATE OF BIRTH Feb. 18, 1902 6. AGE (In yeors of thinder 1 year of thinder 24 Hrs.) White Feb. 18, 1902 6. AGE (In yeors of thinder 1 year of thinder 24 Hrs.) White Feb. 18, 1902
0	ofter deat	D 2	70. BIRTHPLACE (Stote or foreign country? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. WIDOWED Washington County Md.
201	hours of	300	10. CITY OR TOWN OF DEATH Brownsville 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. KIND OF BUSINESS OR INDUSTRY OWN home
AND 21	within 24	355	13c. USUAL RESIDENCE (Where deceosed lived institution: Residence before odmission) Virginia 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13e. STREET AND NUM
BALTIMORE, MARYLAND 2120	ecuted wit	7.1.13	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Ulysses Stream Lydia Wilt
TIMORE	e ex	1 1 3 1 3 1 S	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 225-80-3507 Audrey D. Tritapoe Brownsville, Md. 21715 APPROXIMATE INTERVAL
301 W. PRESTON STREET, B	is that the death certificate b	lease remave carban maval, and in any ev	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate couse (o), slotling the underlying couse (o). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
OF VITAL RECORDS,	w req	berr	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIALY 21b. HOW INITIALY OCCURRED. (Enter nature of initialy in Part 1 or Part 2, them 18.)
VITAL R	The lar physician		OR CONTRIBUTING CAUSE OF DEATH OUR A.M. Month Doy Yeor (If either, notity medical exominer) P.M. 19
DIVISION OF	YSICIAN:	the buri	While of work of while of work
DIVIS	VDING PH tol or of	Tr use as Hygiene	220. I certify that (I) (this hospital) attended the deceased from 1957, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated obave, (I) (we) (did) (did nat) view the bady after death.
	OR ATTEND	detached for	22b. SIGNATURE 22b. SIGNATURE DEGREE ATTENDING DIRECTOR STAFF PHYS. 12c. DATE SIGNED June6, 1984
	¥ 6	Health and	22d. PHYSICIAN'S PARIEE PRICE PRINCES PERSON MG
99	to Hospined	H H	23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) June 8, 1984 Union Cemetery Lovettsville (Loudoun), Virgin
		1/31 30M VR A15 (4))	24. FUNERAL DIRECTOR ADDRESS Va. 22080 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Brown Funeral Home P.O. Box 320 Lovettsville, 144 1



DIVISION OF VITAL RECORDS.

STATE OF MARYLAND



5	1				301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 212017	005
	# - 2- #	1. DI	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH Month Doy	Yeor 2b. HOUR
	ofter death. funeral s 1 and 2 ofter death.	(1	Ype or print) Virgie	Mae	Swope	June 27, 1984	a
	fur s l ter	3. SE		4. RACE	S. DATE OF BIRTH	last histhday)	FUNDER 1 YEAR IF UNDER 24 HRS DNTHS DAYS HOURS MIN
	E 200	1	female	white	August 3,		MINIST DATA TROOKS MINI
	I A VIK	7o. l	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	The F		Waryland	U.S.A.	WIDOWED TO DIVORCED	Washington County	Ţ N
	5 2 2 2		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120. US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
	4 405/7	100	Hagerstown		ounty Hospital during		
	ampletely to carbon event	13o. odm	USUAL RESIDENCE (Where deceos wary Land	ed lived, if institution: Residence before 13b. COUNTY Washington	Hagerstown 13d. INSIDE CITY Hagerstown YES		21740 Avenue
	equires that the death certificate be executed with physician. signed by the attending physician and completely burial-transit permit. Then please remove carbor burial, cremation, ar removal, and it event.		ATHER'S NAME First James	Middle Lost Lowma	n Is. MOTHER'S MAIDEN NAME Fannie		Scadden
	and die	160	WAS DECEASED EVER IN U.S. ARM			Route # A9ress Box	x 272
	ifico	()	es, no, moknown) (If yes give v	var or dates of service) 220-09-74	76 Adaline M. Sem	ler Hagerstown, Mo	
	g pf		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
	offin din		PART I DEATH WAS CALISE	D BY: ATE (AUSE (o) Uremia			weeks
	de de nater erm erm n, a		Immedi	DUE TO, OR AS A CONSEQUENCE OF			
	the chiral print of the ch		Conditions, if ony, which gove		erosis		
	hat n. ny ty ans ans rem		rise to immediate couse (o), stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF			
	es t sicia ed t al-tr		lost.	(c)			
	phys phys igne ouric		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(0)	
	ng Ing Ing Ing Ing Ing Ing Ing Ing Ing I	2					
	be ad in	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
	at se pe at a	E			YES NO [CAUSES OF DEATH?	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event.	MEDICAL CER	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DE (If either, notify medical examin	ATH HOUR A.M. Month Doy Year		ter noture of injury in Port 1 or Port 2, Iter	m 18.)
	PHYSI ne hosp his cer stachec Dept. c	ME		PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		No. City or Town	County Stote
	NG the the de		22o. I certify that (I) (th	is hospital) attended the deceas	ed from une 19.	58 , to June , 1984	, that (I) (we) lo
	d b d b d b d b d b d b d b d b d b d b		sow the deceosed of	live on June 27	19_ 84 , and that in (my) (our) o	58 , to June , 1984 pinion deoth occurred on the dote	ond hour and from th
	OR out	Н		(did not) yiew the	body after death.	1 00 04	TE CLONED
•	reference A A A A A A A A A A A A A A A A A A A	П	22b. SIGNATURE	- Staten Wol	ATTENDING	MED CTACC	TE SIGNED 28, 1984
	be be	1	22d. PHYSICIAN'S	see y carried	DEGREE PHYS. 22e. ADDRESS	DIRECTOR LA PHYS. LA JULIE	: 20, 1904
	RAI RAI Pe Pe fe			rd N. Weeks, M.D.		hern Avenue, Hagers	atorn Ma
	O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22.			CEMETERY OR CREMATORY		(County) (Stote)
	ogge direction shows	230				etery Leitersburg Wa	
		24	FUNERAL DIRECTOR	ADDRESS	Md IRECO	B REGINAL AND BURGES	GNATURE
	VR A15 (4) 25m-1/70			eral Home, Inc., Ha	טטו ע	June June House	-Novier
					Por Populari 1 we and	75.50	

MARYLAND STATE DEPARTMENT OF HEALTH

present regardition (a)

The second secon

	I. DEC	REGISTRAGUY WILSO	MEDLE LAST	2a [REG. NO.	DAY YEAR 26 HC
		Thompson	July W.	1507	6/10/84	1
	1.56	m	5. DATE OF BIR	TH DAY YEAR 6. A		IF UNDER TYEAR IF UND
75		RTHPLACE ISTATE OR FOREIGN 76 COUNTRY) Pennsylvania	U.S.A. WIDOWED	NEVER MARRIED	ALTIMORE CITY OR COUNTY Vashington Cour	
	1000	agerstown /	1. NAME OF HOSPITAL, NURSING HOME OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SE Mado Son Qu	ITYP	USUAL OCCUPATION TE OF WORK FOR MOST OF WORKING LIFT Barber	126 KIND OF BUSIN
and be	13a S	AL RESIDENCE (IF NURSING HOME OR OF OF STATE RTYLAND WASHI	Her institution give residence before admission) Y 134. CITY OR TOWN Ngton Hagerstown Yes	INSIDE CITY LIMITS? 1305	STREET ADDRESS / ZIP CODE	21740 venue
experime	14 FA	THER'S NAME FIRST MOTTIS	Thompson 15 A	NOTE NAME	MIDDLE	Rodgers
e medical		VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	uformant Ly E. Thompson	315 North H:	
injury, ar other traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF b)	A SH D RELATED TO THE TERMINAL	DISEASE OR CONDITION GIV	Y PART Ito
>	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WA		00 AUTOPSY? 70b. IF YES NO PER YES	, WERE FINDINGS US YING CAUSES OF DEA S NO
Z		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		HOW INJURY OCCURRED	ENTER MATURE OF INJURY IN ITEM 18 P.	ART I OR PART ?)
Item 18 shows on		(IF EITHER NOTIFY MEDICAL EXAMINER)				
	MEDICAL CE	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFFICE, FARM ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY
		216 INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	. 19 It in (my) (our) apinian death	to	198 C/ . that (I)
		21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a L certify that (1) (this hospital sow the deceased alive on abave. (1) (wall (did) (did not)	(ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) I) attended the deceased from 19 P., and that viewhe body after death. DEGR	. 19 It in (my) (our) apinian death	10_6-10_	198 (I), that (I)

ej:

.a.o.U ainaviguina

The section where

2.13

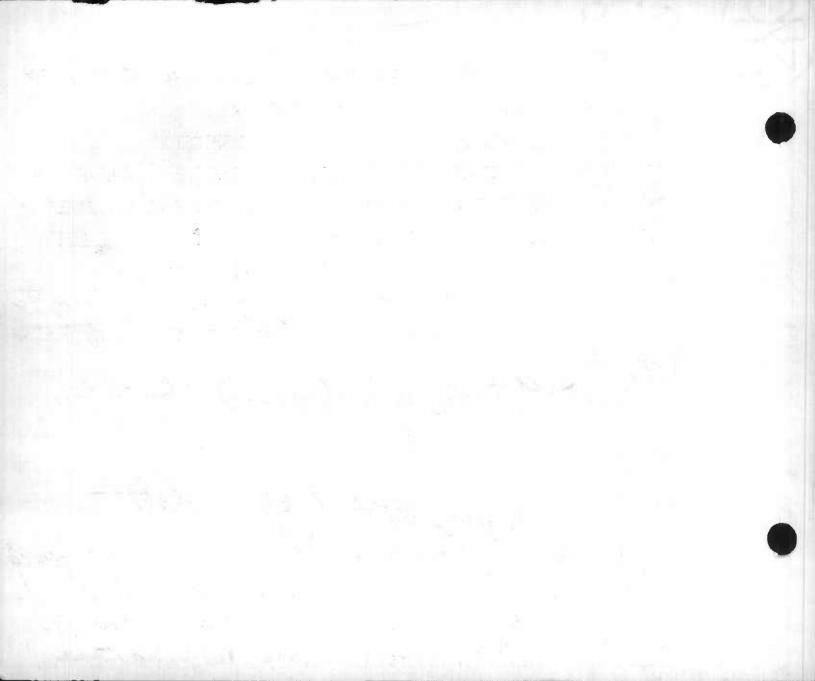
--- 21/-1-51/3 Rty E. Thronesh E. Caraster, Tenn. 172 &

The state of the s

. 8. man Juday Lawn Maron in . "East loug, Marhiston, 18.

The state of the s

1	1 -	FOR STATE	0	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 3	7 6 0 /
		REGISTRAR EASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 25 HOUR
G)	(TYPE	Ellano	ra F.	Vaughn	06	15 84 12:20A
	SEX	Famala	4_RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	le Big	TEMOLE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT CO	12 21 1905	78 YRS.	Y OF DEATH
3<		ARYLAND	II.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	WASHINGTON	MD
I .		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
		GERSTOWN	<u> WASHINGTO</u>	N COUNTY HOSP.	HOMEMAKER	HOME
23/	13a. S	RYLAND WAS	VIY 13c CITY	ONESBORD YES NO	136.STREET ADDRESS / ZIP COL	St. 21713
exomine	4 FA	THER'S NAME	MDDLE A	SHBAUGH LILLY	AME MIDDLE	OHL FR
1	6a. W	AS DECEASED EVER IN U.S. AR		IAL SECURITY NO. 17 INFORMANT	ADDRESS	UDLEK
medico	(4	ES. NO PUNKNOWN) (IF YES, GIV	219	-20-4612 Louise Mc	Cauley same as	
event, the		18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	nly one couse per line for	1), (b), and (c).)	1 .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e ve			TE CAUSE (a)	arres ar	engen	muly
or other traumatic		Condition if any bit	DUE TO, OR AS A CO	DINSEQUENCE OF M	yelma.	leen
r tro		Conditions, if ony, which gove rise to immediate couse (a), stating the	(p) OD 12 1 C	meeting.	9	
othe		underlying cause last.	DUE TO, OR AS A CO	DIVSEQUENCE OF		
×	-	AR 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBU	ING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDUM	iven of shert you
2	CERTIFICATION	MUSTULA (THE CONDITION FO	WHICH OPERATION WAS PERFORMED	20n XU10PSYP 28h # Y	ES, WERE FINDINGS USED
9	INC.	THE DATE OF OPERATION	THE CONDINGS FOR	WHICH OPERATION WAS TERFORMED	IN CERT	IFYING CAUSES OF DEATH?
34	CERT	21s. ACCIDENT WAS UNDERLYING	Company of the same and the	211. HOW INJURY OCCU	IRRED (1901) AND	tool tool
	Z Z	OR CONTRIBUTING CAUSE OF DE-		NTH DAY YEAR		
71	MEDICAL	214. INJURY OCCURRED	21st PLACE OF INJUR		CHY DE TOWNS	A COUNTY STATE
	•	at work not west		aniel to	4 21	0
		22s.1 certify that (I) (this hospi saw the deceased alone on	14 June	7211	g death accurred on the date and ha	that (I) (we) last our and from the causes stated
		above, (I) we) (did filled no	of vigor the body ofter deg	DEGREE AND		TIL DATE SIGNED
=		Killan	1 4 /2	money Aftending PHYSICIAN	MEDICAL STAFF	13 Jens
ZY I		THE PHONE IAN'S NAME ITTE	on trainers of C	Me. ADDRESS	-0-	2 0/
MPORTANT		(5) 2+0x	d	1 110	Luchan	ny
		URTAL	6/18/84	REST HAVEN CEM.	HAGERSTOWN	WASH MD"
1/83	111111	INERAL DIRECTOR		126- 0	ATE REC'D. BY REGISTRAR 256. REGI	
	1	ESTE HAVEN FU 601 Pennsylv	dhia Ave.	Hagerstown, Md.JUN	40 My Julia Day	idson-Randelle



	1.	FOR STATE	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 🔬	170	0 8				
1	I. DEC	REGISTRAR CEASED NAME FIRST	WIDDLE		CATE OF DEATH	REG. NO		YEAR 2b. HOUR				
	(TYPE			VIRGINIA VINCENT JUNE 21, RACE IS, DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)								
	3. SE)	FEMALE	4 RACE WHITE	MONTHS	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.							
DI	7a. BI		76 CITIZEN OF WHAT COUNT	FEB REPORTED	3, 1913	9. BALTIMORE CITY OF		OUNTY OF DEATH				
20	MA	RYLAND ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		WASHINGT		MD (IND OF BUSINESS OR				
Moth	HA	GESRSTOWN	WASHINGTON	COUNT	Y HOSP			HOME				
Sec.	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN WAS I	ITY II3 CITY OR	RSTOWN	YES NO	933 Corbe	tt St.	21740				
2//	14 FA	ROY CLÉ	EVELAND SWA	ARTZ	LILLIAN	MÄË		UNK.				
medical	láa V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 20-2939	Jack G. V	incent BÔX	306	Md				
of the		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).)			- BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH				
fic ever		IMMEDIAT	E CAUSE (o) CERGA	no-Vns	CUL IM ACCI	DENT		UDDER				
racma	M	Conditions, if ony, which	DUE TO, OR AS A CONSI	EOUENCE OF			100	CK POLY				
other	3	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSI	EOUENCE OF								
ury, or	Z	PART 2 OTHER SIGNIFICANT C			NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN P.	ART Ito				
ini kungan	CERTIFICATION	PATERIOSCLERE	196. CONDITION FOR WE		N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?				
Sep.		710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH		214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P	ART 2)				
keelor II	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cou	NIY STATE				
21 is mor	7	220.1 certify that (1) (this haspit saw the deceased alive on above (1) we) (did) (did no	JUNE 21	19 <i>BY</i> , on	d that in (my) (our) opinion	, 10	19 real front and fro	the couses stated				
H Hea	3	13 SIGNATURE	2	M	ATTENDING PHYSICIAN	MEDICAL STAF	F	6-21-84				
APORTAN		BARRY M.	COHEN		HACE MITU	E. ANTIETH	21740					
	23a. 8	BURIAL, CREMATION, REMOVAL SPECIEV	6/25/84		IAVEN CEM.	HAGERSTO	OWN WAS	H MD				
4/83	24 R	ESTE HAVEN FUI	NERAL CHAPEL	erstwo	n Md JUN	26 BY BOARAR	Ish registration	Gritandall				

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

ACT VALLED TO THE THE THE THE THE TANK THE THE TANK THE THE TANK T ME-12-901 SELECTION SCHOOL

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEI ARTH		ICATE OF D		0 -1	G. NO.	10	0 7
	CEASED NAME OR PRINT)	eonar		ohn		ARNES		June	14, 19	B4	2b. HOUR
3. SE	X		4. RACE		S. DATE (WEAD	6. AGE (IN YEARS L	AST BIRTHDAY]	MONTHS DAY	
ma	le	STATE OF	white		Ma		1918	66	YI	RS.	3 HOURS MINE
_ (RTHPLACE (STATE OR F COUNTRY) nnsylvania		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER A	AARRIED	9. BALTIMORE C	_	NTY OF DEATH	MD
10 CI	TY OR TOWN OF DEA		11. NAME OF H	OSPITAL, NURSIN	G HOME	OR OTHER INST	ITUTION	120 USUAL OCCU	MOST OF WORKE	NG LIFE INDUSTR	OF BUSINESS OR
13a S	AL RESIDENCE (# NURS	136 COUN	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOWI Hagersto	N .	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDR	RESS / ZIP C	code Dara Dr.	21740
14 FA	John	J.	MIDDLE	Warnes		15. MOTHER'S	FIRST	AA ID	DDLE	Wal	labe
	YAS DECEASED EVER YES NO OR UNKNOWN] Yes		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 207-01-3		17 INFORMA DOI		L. Warne	s, Hag		n,Md.
TION	Conditions, if any, gove rise to imm cause iol, statin underlying cause PART 2 OTHER SIGN SIE 2 UT	which nediate g the last	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CC	R AS A CONSEQUE ENIC DITRIBUTING TO C	NCE OF NCE OF		TO THE TERM		CONDITION		
TIFICA	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIC	ATION WAS PERFORMED 200 AL				F YES, WERE FINI ERTIFYING CAUS YES []	
MEDICAL CERTIFICATION	216. ACCIDENT WAS UND OR CONTRIBUTING OF (IN EITHER, NOTIFY MEDIX 21d. IN JURY OCCURE AT WORK NOT WHAT WORK AT WOR 220.1 certify that (I) sow the decease above, (I) (we) (c) 22b. SIGNATURE 22d PHYSICIAN'S NA F. C. (AUSE OF DEA	21a PLACE (AT HOME STR	M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F. deceosed from 19	ARM, ETC)	211. LOCATIC STREET Defined that in (my) DEGREE A 22e ADDRES	, 19 (Dur) opinion	CITY OF COLUMN C	the date and	19 8 7 Hour and from the 22c. DA	STATE , that (I) (we) last
23a I	BURIAL, CREMATION,	REMOVAL	June			EMETERY OR O		Park Ha	gersto	wn , Wash	.,Md.

DHMH - 16 50M 4/83

415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

June 18, 1984 Cedar Lawn Mem. Park Hagerstown, Wash., Md.

						4 ; ·
					Hall	1
					in wiyo and I	
		Ell 197			interes path	
is and red	1707 1	7	SWELL	and of	be be a	
\$4.00 to						
data en la companya da la companya d				TILDIN!		
	-				tions.	
	111 8 1984	1 1 1 1 1 1 1 1			et l'arri	

STATE OF MARYLAND FOR

DEPART

MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	el.j RE	G. NO.	1	5	J
Lloore	2a DA	ATE OF DEA	TH MONTH	2-9	P C	7. 2

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).				
	CEASED NAME FIRST OR PRINT)		MIDDLE	13	AST	20 DATE OF DEATH	MONTH DA	Y YEAR 26 HO	DUR		
	Toppur	No.	Lucille	110	are		6	10 A 1	10		
1. 5E	-/	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTI		NOTES DAYS HOUR			
ie	malé	white	9	Jan	. 31, 1919	65	YRS.				
	RTHPLACE (STATE OR FOREIGN	. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	-	OF DEATH			
	ryland	USZ	A	WIDOWE		Washing			М		
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		17b. KIND OF BUSI	NESS OF		
1	Hagerstown		naton Co		spital	house					
	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.		ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	217	40		
1		ingto						omac St			
	ATHER'S NAME	AIDOLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE			1113		
	William	MIDOLE		ison	Eliz	abeth		Picke:	ral		
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT	ADDRE	SS				
- (YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR OATES)	220-56-46	589	Mrs. Barbara Foland, Frederick, Mr.						
	18 CAUSE OF DEATH lEnter onl PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, O DUE TO, O DUE TO, O (b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	en fled	APPROXIMATE IN RETWEEN ONSETA N IN PART 110	NO DEATH		
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS UING CAUSES OF DE			
MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	P. 21e. PLACE	M. MONTH DA	19	21r HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR		R1 I OR PART 2)	STATE		
5	WHILE NOT WHILE AT WORK					11.	01				
	27e.1 certify that (1) (this haspit saw the deceased alive an, above, (1) (we) (did) (did not 27b. SIGNATURE	6/2	9 / 19		DEGREE ATTENDING PHYSICIAN	death occurred on the do	·F _				
	226 PHYSICIAN'S NAME (17PEO	RPRINT			201 S. Cfor	word All	e Hop	wasters !	hot		

230 BURIAL, CREMATION, REMOVAL burial

236 DATE

230 NAME OF CEMETERY OR CREMATORY Wash. National Cem.

23d LOCATION
CITY OF TOWN
Suitland, Pr.Geo., Maryland
ECO. BY REGIST AN 175b PEGISTRANS STANDARD STAND

burial July 5,1984 Wash. National Central Funeral Director MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md.21140

DHMH - 16 50M 4/B3 (VRA 15, 4)

LESS ASIA SINGER Elected Lie Harden hill

the	May	1-	FOR STATE	TOTEA	(MIMORI) THE		ARTMENT OF	E OF MARYLAND EALTH AND MENTAL H	YGIENE	Lig	17	6 1	
4	THE STATE OF THE S	I. DEC	REGISTRAR MINE	FIRST	(MMA) WI	WIDDLE OF T		AST DEATH	2a. D	REG. NO	MONTH DAY	YEAR 26.	HOUR_A
5	oge 3		MUCH	tw	Terace 15. Date of Birth					E †IN YEARS LAST BIRT	6 /1	UNDER I YEAR IF	UNDER 24 HRS
	3. SEX Female				Whit	te		h 13°, 1905°	e AG	79			DURS MIN.
0	eath. Pagend din		RTHPLACE (STATE OR FO DUNTRY) Pennsylvian		76. CITIZEN OF		TRY? 8. MARRIE WIDOWI	D NEVER MARRIED !	'	Washing	_		MD.
10	S ofter de	1	Hagerstown		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital				SUAL OCCUPATE OF WORK FOR MOST OF CICAL SE		126 KIND OF BUINDUSTRY		
MARYLAND 2120	24 hour	13a S	AL RESIDENCE (* NURSIN STATE Maryland	136 COUN	other institution	13C CITY OR	BEFORE ADMISSION) TOWN STOWN	134 INSIDE CITY LIMITS?		REET ADDRESS / 22 Royal		21740	
MARYL	implete on within	14. F/	William		MDDLE Sherman	SWE	eitzer	15. MOTHER'S MAIDEN I	NAME	Ethe.		Lydic	
IMORE,	on ond co		VAS DECEASED EVER II YES, NO OR UNKNOWN) NO		MED FORCES?		SECURITY NO. 3-7386	17 INFORMANT Barbara W. E	Baker	3737 Mer	rcersol	ing Road	
DS, 201 W. PRESTON S	quires that the death cer signed by the attending hen please remove carbo to burial, cremation, or re jury, or other troumotic e	N	Conditions, if ony, gove rise to immercause (a), stating underlying cause	which ediote the last	{ DUE TO, O	R AS A CONS	EQUENCE OF	NOT RELATED TO THE TE	ERMINAL C	DISEASE OR CONI	DITION GIVER	VIN PART Ito	
AL RECOR	he low recon. hos been to permit. I permit. I bows only in	CERTIFICATION	19a DATE OF OPERATO	ION	1%. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		S NO	206. IF YES, VIN CERTIFYI YES	WERE FINDINGS NG CAUSES OF	USED DEATH?
DIVISION OF VITAL RECORDS,	YSICIAN: T ding physici s certificate buriol-transi Mental Hygi	MEDICAL CER	710. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DE	HOUR A.	OF INJURY M. MONTH M. OF INJURY	DAY YEAR	21c. HOW INJURY OCC	CURRED (E	MIER NATURE OF INJUR	Y IN ITEM TO PAR	I 1 OR PART 2}	
DIVISIO	ING PHY r offer this os the b ith and h	MEC	WHILE NOT WHI		TAT HOME ST	REET, FACTORY, OF	FFICE, FARM ETC)	STREET 'O		CITY OR TO	15	6 L	STATE
	ATTEND ospitol o eCTOR: , d for use t of Hea		220 f certify that (t) (saw the decease					nd that in (my) (our) opini	ion deoth	occurred on the do	ste and hour o	and from the cau	
	HOSPITAL OR and by the high by the high bedetached the State Dep ORTANT: If he	13	TA SIGNATURE	ME HYPE C	DR PRINT)	the !	1 4	ATTENDING PHYSICIAN 220 ADDRESS	G MEI	DICAL STAF		DATE SIG	2/34
	TO HOSPITA TO FUNER should be di with the Sta	22.	BURIAL, CREMATION, R	ردد	1200 0045	KA:	35 111	1925 17	to we	ll Cel	Itel	en town	, he
	BP		Burial	EMOVAL	236. DATE 6-18-	-84		n Cemetery		ockville	Montgo	COUNTY Omerv. N	STATE
	DHMH - 16 50M 4/83 (VRA 15, 4)	K.	UNERAL DIRECTOR	s F	untel	Hand	gerstow	n, Mary	TAT GEC	984 SHAR	Addidour	Reportation	

Facility 1997 1997 1997 1997 1997 A.S.V - Boarviyemes. Hard to the second to the seco and the state of t of the late of the property of the contract of SIST ELCOLOUR NOUN o --- pre-pre-birther . steer ore to to

No. of the second secon

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Home 13e.STREET ADDRESS / ZIP CODE 433 N. Potomac St Wilson 220-48-1787 Douglas Werdebaugh Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEGK PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN E. ANTIETHM ST Cedar Lawn Mem. Pk. Hagerstown Wash. Md. Burial 305 N. Potomac St. Gerald N. Minnich Hagerstown, Maryland N. 13

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

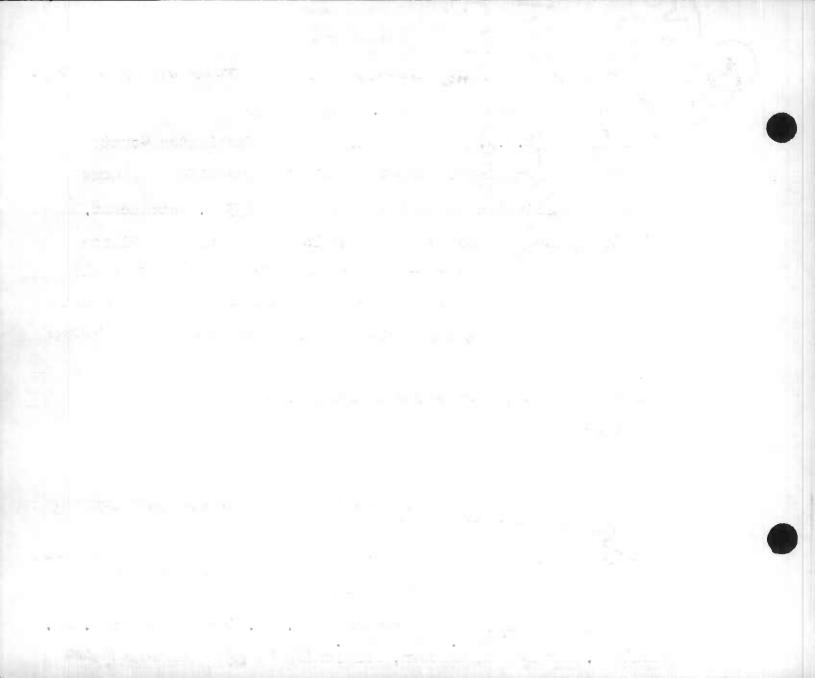
REG. NO

2b. HOUR

IF UNDER 24 HRS

1984

IF UNDER I YEAR



NOA Julia marken - Markin